

2013 ANNUAL REPORT

RICHLAND COUNTY
HEALTH & HUMAN SERVICES

**To: Honorable Supervisors of the Richland County Board
Citizens of Richland County**

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2013 Annual Report. This past year marked our thirteenth full year since the creation of the Health and Human Services Agency in August of 2000 and also marks my last annual report, as I will be retiring in 2014. Several highlights of 2013 include:

- **The Richland FIT Program.** The Public Health Unit was active in a number of prevention programs throughout 2013; including the first full year of the Wisconsin Partnership Program Grant which involved the Richland FIT Coalition. In addition, Farm to School Programs were developed incorporating local produce in the school meal program for the Richland School District. In addition, a Community Transformation Grant was awarded to the agency to focus on increasing physical activities in the schools and throughout the community by creating active school environments and improving new recreational use agreements.
- **Affordable Care Act Assistance.** In the fall of 2013, the Economic Support Unit took the lead in organizing a local coalition to help inform the public about the federally mandated Affordable Care Act; including offering several presentations to the community about the Affordable Care Act and assisting community members with signing up for the program.
- **Implementation of an Electronic Health Records System.** 2013 marked the first full year of operating with an electronic health record system which was first initiated in October 2012. The transfer from a paper records system to an electronic health record system for the Clinical Services Unit continues to be a major undertaking for both the Business Office billing functions and clinical care.
- **2013 Health and Human Services Budget.** Richland County Health & Human Services experienced a slight deficit due to unbudgeted salary increases approved by the County Board during the year.

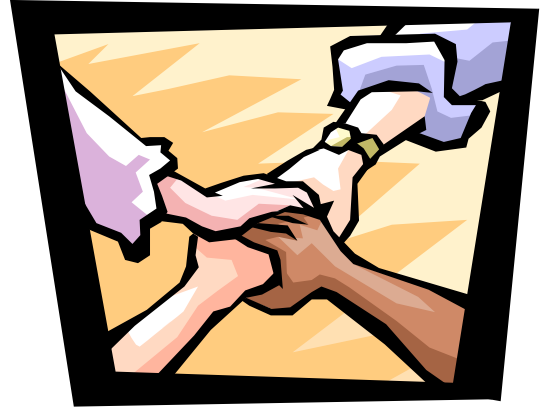
As you look through this report, feel free to contact the staff at Health & Human Services with any questions you might have. This annual report, along with Health and Human Services Board Minutes, staff contact information, and program information can be viewed online on the Health and Human Services webpage located at www.co.richland.wi.us.

Sincerely,

Randy Jacquet, LCSW
Director

Richland County Health & Human Services

2013 Annual Report



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Richland County Health and Human Services

MISSION STATEMENT

PROMOTE THE HEALTH, WELL-BEING, AND SELF SUFFICIENCY FOR ALL PEOPLE OF RICHLAND COUNTY

In carrying out the mission of the agency, all staff and programs shall:

- Treat others fairly and with respect in a friendly, courteous, responsive and confidential manner.
- Demonstrate integrity and commitment in all actions.
- Create an environment of hope and positive expectation.
- Recognize and respect the uniqueness of individuals and families, as well as foster collaborative decision-making.
- Value diversity.
- Provide individualized services in the least intrusive and least restrictive manner possible.
- Promote collaboration within the agency and with community partners.
- Provide quality services through continuous improvement and outcome measurement.
- Manage public resources responsibly.

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Robert Holets, Chair

Dr. Louis Williams	Fred Clary
Paul Kinney (until May 2013)	Larry Jewell
Donald Seep (as of May 2013)	Marilyn Rinehart
Ray Schmitz (until May 2013)	Robert Bellman
Diane M. Brown (as of May 2013)	Virginia Wiedenfeld

Aging and Disability Resource Center of Eagle Country

Governing Board

Board Members

Robert Neal Smith, Chair

Art Carlson	Bette Smart (as of April 2013)
Diane M. Brown	Donald Seep
Jackie Maier (until February 2013)	Janet Pearson
Janice Cleven	June Leirmo
Lane Poulin	Marjorie Sheckler
Tom Brounacker	Vern Demers

Commission on Aging & Disability

Commission Members

Laura Poindexter, Chair

Bette Cook	Bonnie Richardson
Carol Clausius	Cindy Riley
David Scribbins	James Cox
Larry Jewell	Marie Rakow
Paul Kinney	Steven Boomfield

**Comprehensive Community Services (CCS)
Coordination Committee**

Committee Members

Cathy Krulatz, Chair (as of May 2013)

Paul Kinney, Chair (until April 2013)

Bonnie Rosas (until September 2013)

Donald Seep (as of May 2013)

Amanda Coorough

Faye Burghagen

Ricki Bishop

Tracy Thorsen

Nutrition Advisory Council

Committee Members

Mike Shields, Chair

Beverly Burns (as of May 2013)

Janine Parduhn

Marlene Curtis (as of May 2013)

Shannon Trebus

Harriett Hendricks

Kim L'Hote (until May 2013)

Scott Banker (until May 2013)

Walter Gust (as of May 2013)

Richland County KIDS Council

Council Members

Connie Vlasak, Chair

Amanda Miller

Faith Peckham

LaVonne Bekkum (until July 2013)

Richard Brown (as of October 2013)

Virginia Wiedenfeld

Laurie Couey

Kay Cunningham

Belinda Granger

Hallie Wiertzema

Julie Prouty

Rachel Schultz

Amanda Coorough

Michelle Parr

Leah Anderson

Transportation Coordinating Committee

Committee Members

Marie Rakow, Chair

Angela Metz

Bette Cook

Don Adelman (as of July 2013)

Patrick Metz (as of May 2013)

Ursula Straight

Angela Young

David Scribbins

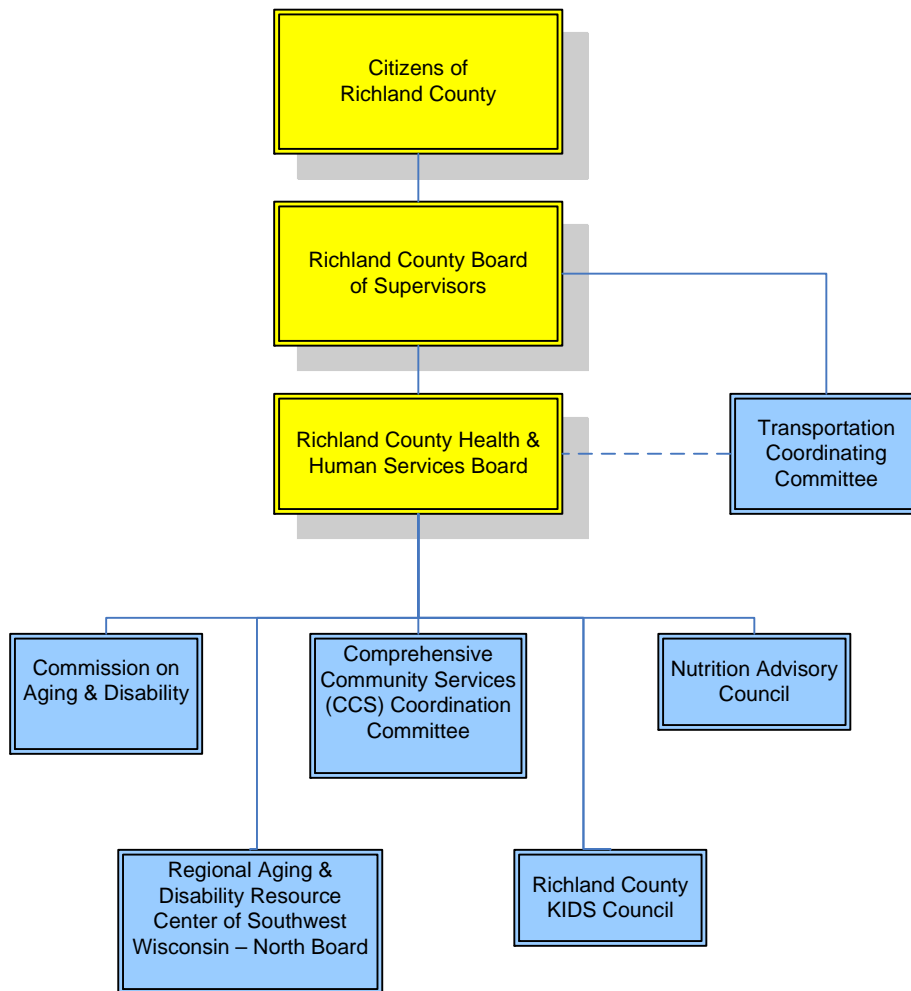
Paul Kinney

Tracy Hanson

Virginia Wiedenfeld

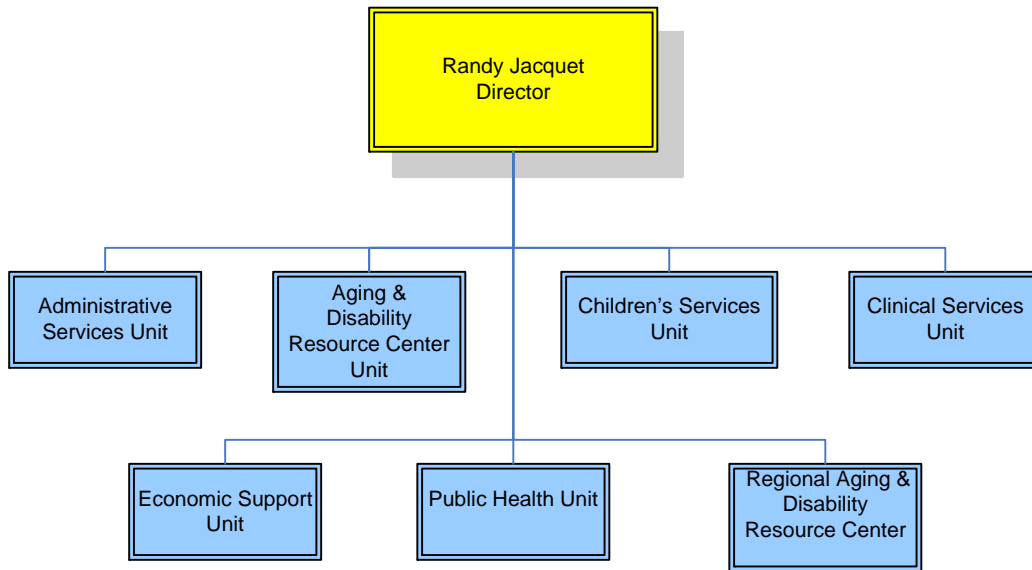
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

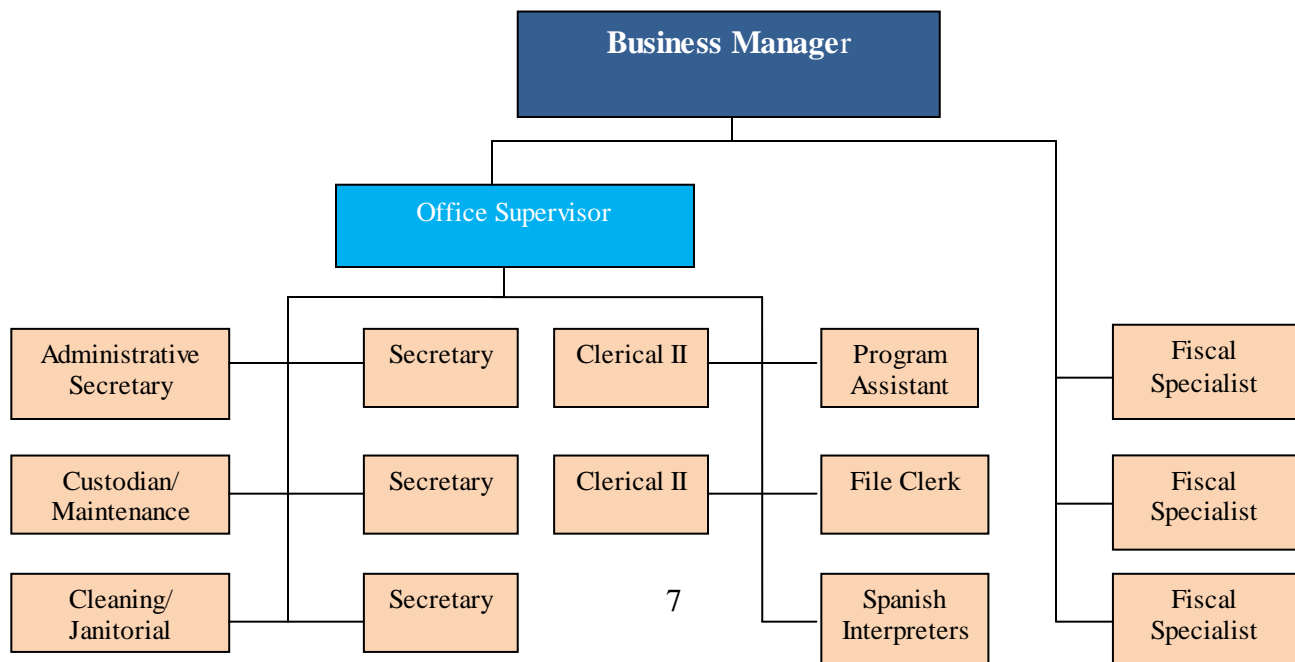
Mission Statement

The Administrative Unit of Richland County Health and Human Services continually strives to enhance the provision of accurate and considerate support in a confidential and timely manner to agency staff and clients.

The Administrative Services Unit supports all the units and staff within Health and Human Services. Some of the areas of responsibility are listed below:

- | | |
|---------------------------------|--|
| Accounts Payable | HIPAA Compliance |
| Accounts Receivable | Human Resources |
| Board & Committee Support | Human Services Reporting System |
| Civil Rights | Income Maintenance |
| Claims Processing | Low Income Heating & Energy Assistance |
| Cleaning & Building Maintenance | Office Management |
| Clerical Services | Payroll |
| Client Record Keeping | Program Participation System |
| Clients Rights & Complaints | Public Health Immunization Clinics |
| Community Aids Reporting System | Reception and Information |
| Contracts Management | Representative Payee Services |
| Database Management | Spanish Interpretation |
| Fiscal Reporting | Transcription |

In 2013, the Administrative Services Unit performed these responsibilities under the following organizational structure:



While maintaining these varied areas of responsibilities on a day-to-day basis, the Administrative Services Unit continues to look for ways to improve our business practices and create efficiencies within the agency. This has been done by implementing an Administrative Services staff "pool" model which allows us the ability to cross-train individuals on a variety of tasks to assist with the ever-changing programmatic needs and budgets of each unit.

The Administrative Services Unit continued to experience significant changes in 2013. The further implementation of an electronic health record system for our Mental Health Clinic clients is a project that required much involvement from the Administrative Services Unit. This project will continue to require significant involvement from the Administrative Services staff into 2014, as we attempt to implement new billing processes and procedures to increase revenues for the agency. Each year the Administrative Services Unit manages to rise to each challenge that is presented.

For a summary of Health and Human Services financial data for the year 2013, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

Mission Statement

In the Aging and Disability Resource Center we are dedicated to working with adults and their families who are impacted by disability or aging. We will strive to enhance their self-sufficiency and quality of life by providing information, assistance and education. In doing so we will at all times promote the rights, dignity and preferences of the individual.

We also uphold the provisions under the Older Americans Act of 1965 to enable Richland County elderly residents to lead dignified and healthful lives by providing a staff and volunteer network that seeks to provide timely, friendly assistance to the elderly as they cope with various health issues and difficulties in living independently.

OVERVIEW

The Aging and Disability Resource Center (ADRC) is the local office of the ADRC of Eagle Country serving Crawford, Richland, Juneau and Sauk Counties. The ADRC provides information and assistance service designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves adults who are elderly, or have physical, developmental, substance abuse, or mental health disabilities, or youth with disabilities who are transitioning from children services into adult services.

Staff at the ADRC assist customers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. The ADRC also provides benefits-related counseling and services to the elderly, as well as adults with disabilities between the ages of 18 and 59 years through two benefit specialists; an Elder Benefit Specialist and a Disability Benefit Specialist.

Through the ADRC one can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services, transportation assistance services, and adult protective services. In 2013, the Richland Center Office of the ADRC of Eagle Country processed over 16,000 incoming contacts (phone calls or walk-in customers).

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

Services in this key area range from providing simple information, often by phone; to making home visits, where more in-depth counseling on options for care and services can be discussed; to providing short-term case management in order to address more complex situations and assist customers with accessing programs and services.

In 2013, the Information and Assistance staff (I&A) received 4,121 contacts from customers. Contacts are defined as first-time customers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

2013 Information & Assistance Customers

Of the self-identified:

62% were 60 years and older;

18% were customers with physical disabilities;

7% were customers with developmental disabilities; and

13% were customers with mental health or substance use disorders.

Customers are not required to provide identifying information unless it is necessary. Remaining anonymous is respected. 32% chose to remain anonymous.

In 2013, I&A staff responded to over 5,900 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

Consistent with previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance and support; health/medical care; home health/home supportive care; and housing/residential needs. While many customers simply need information, others need various kinds of assistance getting connected to programs or services. Staff provide a wide range of assistance which can include, contacting a service provider on the customer's behalf; helping the customer complete an application; advocating on behalf of a customer to help solve a problem related to accessing a program or service; providing in-depth counseling about long-term care options; and providing short-term case management to assist a customer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

The ADRC is the intake point for State Long-Term Care Programs. In Richland County, those programs are Family Care and IRIS (Include, Respect, I Self-Direct).

Eligibility determination and enrollment into both Family Care and IRIS is a complex process that occurs through the coordinated efforts of Economic Support, the Family Care Organization or IRIS Independent Consultant Agency, and the Aging and Disability Resource Center. It is the Information and Assistance staff who guide customers through the eligibility determination and enrollment process, including:

- conducting the Long-Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;
- providing enrollment counseling and answering questions about Family Care and IRIS;
- completing Family Care enrollments or making referrals to the IRIS Independent Consultant Agency;
- helping to transition customers into Family Care or IRIS; and
- providing advocacy for customers who are having issues or concerns with their chosen long-term care program after enrollment.

In 2013, staff completed 81 Functional Screens and enrolled **56** customers into long-term care publicly funded programming.

DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to Richland County residents ages 18 through 59 years with physical disabilities, developmental disabilities, and/or disabilities due to mental illness and/or substance abuse disorders. The Disability Benefit Specialist provides information on public and private benefits, and assists with applications, appeals, and advocacy. Typical areas of assistance include programs, such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other ADRC staff to provide referrals for community resources and services, options counseling, and information and assistance related to the long-term care benefit. The Disability Benefit Specialist position consults with a Technical Advisor who is an attorney at Disability Rights Wisconsin.

The Disability Benefit Specialist program assisted 146 Richland County residents in receiving over **\$663,179** in Federal, State or private benefits for which they qualified.

Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$9,461,509. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

ELDER BENEFIT SPECIALIST

Through the Elder Benefit Specialist Program, Richland County residents aged 60 or older can receive free advocacy and assistance with issues related to public and private benefits to which they are entitled due to age, disability, or financial factors. In order to ensure high-quality advocacy and representation of program participants, the Elder Benefit Specialist receives in-depth, on-going legal training and supervision from attorneys through the Greater Wisconsin Agency on Aging Resources.

The Elder Benefit Specialist works closely with Information and Assistance Specialists to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elder Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance. In an effort to address the growing need for pre-retirement information and assistance, 10 new Medicare workshops were offered. Over **110** people attended to learn how to navigate all the Medicare Programs.

In 2013, the Elder Benefit Specialist Program provided a savings to 206 county residents totaling **\$1,254,062** in Federal, State, and other funding based on the type of program.

These savings benefit the community as elders use the funds locally to purchase food, clothes, medication and pay for housing.

EARLY INTERVENTION/PREVENTION SERVICES

2013 was the fifth year the ADRC participated in the Senior Farmers Market Program through collaboration with the Public Health Unit of Health and Human Services, the University of Wisconsin Extension office, and Second Harvest. 101 sets of Farmers Market vouchers each worth \$25 were distributed to seniors in Richland County to purchase local, fresh, homegrown produce. The program promotes healthy food purchasing options and brings \$2,525 in revenue to local producers.



The Low Vision Support program provides an ongoing support and transition group for adults who have a visual impairment. On a monthly basis up to 20 people gather to learn about services and resources that can help them to remain active and independent. The group supports anyone with a visual challenge through opportunities to meet others with similar concerns. The group shares experiences and expertise, enjoys visiting with guest speakers, and share potlucks. This group is a well-known and long-term group that continues in popularity. Transportation is provided as needed.

TRANSITION SERVICES FOR YOUTH

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to help young adults who have physical or developmental disabilities, or who have mental health or substance abuse disorders and are in need of long-term care. Transition services help students and their families to receive information, options counseling, and connections to needed services.

An Information and Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2012-2013 school year included:

- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
- Provision of specialized options counseling to youth and their families when transitioning from children's disability services to disability services and benefits in adulthood.

- Leadership and participation in monthly Transition Advisory Council meetings. The Council members include high school teachers, representatives of community organizations, such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.
- Joint planning and participation in "Job Olympics" at the Southwest Technical College where high school students with disabilities practiced job skills and learned about different job responsibilities.
- Participation in the 'Get Real Fair' at UW-Richland to help educate and support student's understanding of life problem solving and proactive planning.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

The Alzheimer's Family Caregiver Support Program was established by Legislature in 1985 under Wisconsin Statutes and is implemented in accordance with administrative rule HFS 68. The program funding supports the entire family of a person with irreversible dementia so that caregivers can continue to provide home and community-based care. There is required financial eligibility determination and a maximum household ability to pay determination.

In 2013, Richland County Health and Human Services received \$3,565. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's and Dementia Alliance, Richland County contributed to the further development of a local Dementia Network and participated in the 2013 Alzheimer's Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program has been growing slowly but steadily throughout 2013. There are three parts to the transportation program which includes the Driver Escort Program, public bus routes and the on-demand wheelchair transportation to medical appointments. The focus of the Richland County Transportation program is *Connecting Our Communities*. The public bus routes are designed to provide transportation to the rural residents and border communities and connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly (60 years and older) and disabled residents of Richland County to primarily medical appointments within an 85 mile radius. In addition, the lift vehicles are available to Richland County residents for wheel chair transportation to medical appointments.

Richland County Public Transportation & Lift Vehicle Transportation

The Richland County Public Transportation program bus routes travel along the major roads through the county. There are six routes with four of the routes having an assigned day Monday through Thursday and two of the routes alternating every other Friday. This program is public transportation and is available to everyone.

Additionally, Richland County residents were able to coordinate wheel chair transportation to medical appointments within 85 miles of Richland County.

In 2013, the Richland County Public Transportation and Lift Vehicle Transportation programs had three temporary casual drivers providing a total of **99 trips** for **209 passengers** traveling 8,839 miles.



The Driver Escort Program

In 2013, the Driver Escort Program had 24 volunteer drivers providing a total of **1,547 trips** for **1,845 passengers** traveling **177,346 miles**. The volunteer drivers donated **8,271 hours** of their time.

The program is primarily funded through the s.85.21 Department of Transportation grant for Specialized Transportation which requires a 20% county match to receive the funding. In addition, the transportation program receives reimbursement through Veterans Affairs, ContinuUs and co-pays collected from passengers. In an effort to be fiscally responsible we place multiple passengers in a vehicle when possible.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2013 totaled \$10,173 to provide five basic components under the program:

- Information to caregivers about available services
- Assistance in gaining access to support services
- Individual counseling, advice on organization of support groups, and caregiver training
- Respite care
- Supplemental services to complement the care provided by caregivers



Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2013, the funds supported **153** families, provided funded support for information and assistance through the ADRC, and subsidized some transportation needs for caretaking families.

ADULT PROTECTIVE SERVICES ACTIVITIES

The Adult Protective Service (APS) system is designed to protect Richland County vulnerable adults (18 years of age and over) from treatment or circumstances defined as abuse, neglect or financial exploitation. Through the Wisconsin Incident Tracking System (WITS), a web-based reporting tool, the table below reflects the numbers for all vulnerable adults over 18 years old.

Adult-At-Risk/Elder Abuse and Neglect Reporting

Total number of reports:	122
Self Neglect	76
Financial Exploitation	25
Neglect by Other (s)	15
Physical Abuse	6
Sexual Abuse	0
Emotional Abuse	0

The total number of reports increased by 7% in 2013.
Self neglect continues to be the largest incidence of reporting.

Elder Abuse and Neglect Funds

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the State. In 2013, the State allocation of \$10,544 served **39** county residents.

Adult Protective Services Court Action

The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2013, 61 court actions were completed for 27 people. Court action can include creating guardianship of estate and person, protective services and placement of an individual, creating successor guardianships, terminating guardians of person and estate, emergency protective placement, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews. In 2013, 62 people received annual protective placement reviews.

AGING & DISABILITY RESOURCE CENTER OF EAGLE COUNTRY

Serving: Crawford, Juneau, Richland, & Sauk Counties

Mission Statement

To support adults and their families by providing useful information to promote independence and to enhance their quality of life.



REGIONAL MODEL

The regional model provides seamless cross border service to customers. The region has shown outcomes in areas of consistent, standardized, quality, and cost-effective service deliveries. In 2013 the region continued to partner on two research projects that will have a significant role in shaping our health care system. ADRCs across the state are playing a large role in piloting many research projects with a large aim of finding ways to assist people in remaining in the community longer which brings cost efficiencies to the state of Wisconsin's health care system.

ADRC of EAGLE COUNTRY GOVERNING BOARD

The Governing Board is a twelve member board whose membership is equally represented by each county. Board make – up includes county board members and consumers or consumer advocates representing; the elderly, adults with physical disabilities, developmental disabilities, mental health and/or substance use disorder needs and young adults with disabilities. The board meets on a monthly basis to provide input on issues of policy and assist in identifying unmet needs of consumers. They are ambassadors of the ADRC mission and advocates for the needs of all target populations served by the ADRC.

CHANGES IN 2013



A New Name: In 2013 the ADRC of Southwest Wisconsin-North became the ADRC of Eagle Country. The name was chosen after consideration by an active Governing Board. With our new name came the launch of a new regional website www.adrceagle.org as well as new marketing efforts. The website was designed with our target population in mind, making the site easy to use.

The website also serves as a tool for all of the staff throughout the region. An employee section of the website, that is password protected, gives staff one place to find updated policies, procedures and other important tools and documents.

Acting Like A Region: As a region, the ADRC of Eagle Country possesses a great resource in the form of knowledgeable staff. The region is constantly looking to tap into this resource to discover new and more efficient ways to operate. As a result, the ADRC of Eagle Country held an Information and Assistance Specialist Innovation Summit with the goal of creating a more efficient ADRC that can better assist the ever growing population it serves across four counties.



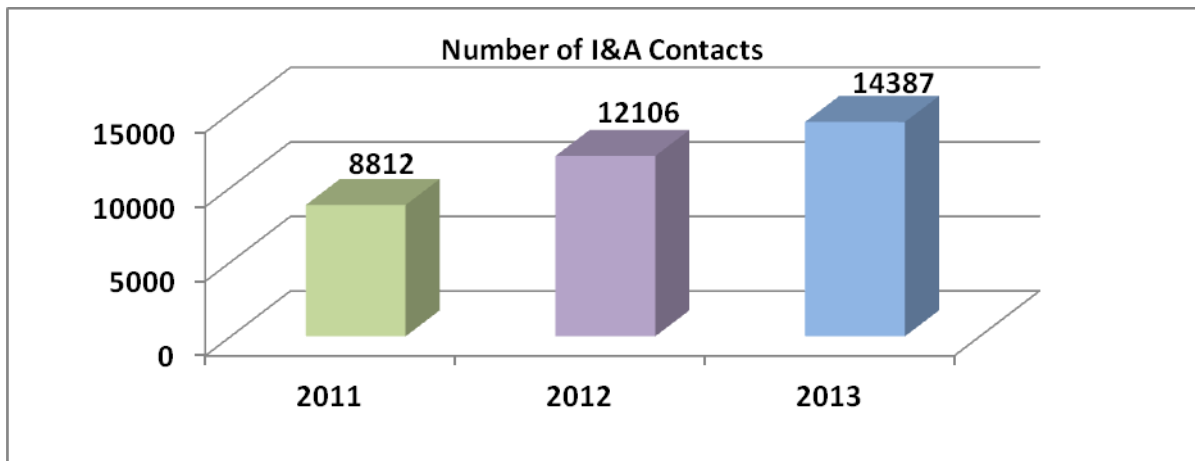
The staff created a Team Charter and Team Commitments to guide operations of the region. The staff continue to come together quarterly as a region to discuss operations.



Process Improvement Projects: The ADRC of Eagle Country has embraced a culture of Process Improvement. Through the utilization of the NIATx model the region continues to create various process improvement projects to improve the quality of the services provided. In 2013 the region began two new projects. Living Well is a project that aims to improve the utilization of the Living Well With Chronic Conditions program, while Welcome to Adulthood is geared toward increasing outreach to our youth who are transitioning to adult services.

INFORMATION & ASSISTANCE SPECIALISTS

The ADRC of Eagle County has 12 Information and Assistance Specialists that serve our elderly population as well as customers 17 years old and older with a variety of disability types. Together they explore options for meeting long term care needs, review resources, and offer guidance to enable people to make choices that allow the customer to live a rewarding, and meaningful life, now and in the future. Through our marketing and outreach efforts we strive to educate people on what services the ADRC offers. As a result the Information and Assistance Specialists saw a 16% increase from 2012 in the number of contacts they had with customers. People are finding the ADRC to be a valuable resource for support and guidance in meeting their needs, and are spreading the word!



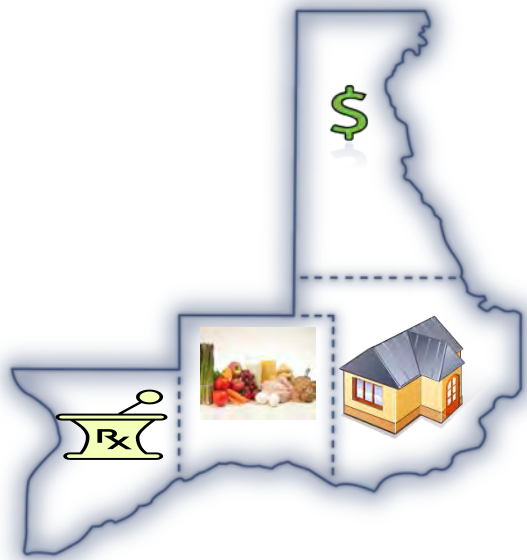
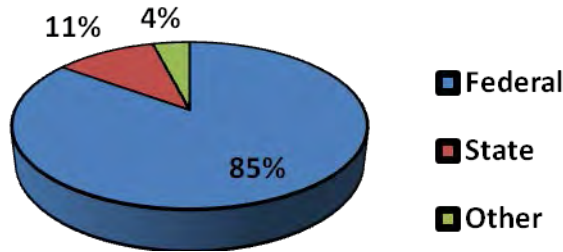
Effort To Reach Youth In Transition: One service of the ADRC is to provide assistance to individuals and their families as they transition to adult services. The ADRC would like to increase the number of referrals from this population through a process improvement project. The first phase of the project is to build strong relationships with our school systems by meeting with staff and providing them with a variety of items that can be distributed to this population as a reminder that the ADRC is here to help them. Items include an informational booklet that walks the individual and their families through these challenging and often scary times, as well as fun things this age group will use and appreciate, such as drawstring bags, water bottles and ear buds.

DISABILITY & ELDER BENEFIT SPECIALISTS

The 5 **Disability Benefit Specialists (DBS)** across the region provide services to people ages 18-59 with physical or developmental disabilities, mental illness and substance abuse disorders. The Disability Benefit Specialists provide reliable and accurate information and assistance on public and private benefit programs. They have access to an attorney from Disability Rights of Wisconsin for ongoing training, support, and guidance in complex matters of appeals and advocacy.

The 5 **Elder Benefit Specialists (EBS)** across the region provide services to people 60 years of age and older who are having problems with their private or government benefits, consumer problems, or age discrimination. Elder Benefit Specialists receive ongoing training and are monitored by attorneys knowledgeable in elder law. These attorneys are also available to assist older persons in need of legal representation on benefit matters.

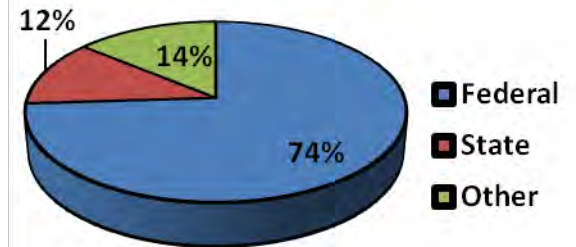
Disability Benefit Specialist Monetary Impact 2013
\$6,453,103



Monetary Impact

Monetary Impact is an *estimate* of the value of benefits obtained or retained with the help of a Benefit Specialist. These benefits are crucial in meeting the individual's basic needs and medical care. The Benefit Specialist's work must also be valued when considering the monetary impact these benefits have on the local economy.

Elder Benefit Specialist Monetary Impact 2012
\$7,207,138



COST EFFICIENCIES IN OUR HEALTH CARE SYSTEMS & EVIDENCE BASED PROGRAMS

ADRC core services, Wellness and Prevention Programs, Support Groups for Caregivers and research grants are all tools used by the ADRC in collaboration with Care Coalitions and other organizations to complete our mission. In 2013 the ADRC of Eagle Country continued its participation in the Money Follows the Person (MFP) Rebalancing Demonstrations Grant which supports state efforts to rebalance long term support systems while supporting individual choice of living situation. The ADRC also continues to be a leader in promoting a variety of evidenced based prevention programs that have been proven to reduce emergency room visits, hospitalizations and overall health care costs.

CULTURAL COMPETENCY TRAININGS Strengthens the Delivery of Services for ALL PEOPLE



The ADRC of Eagle Country strives to build stronger cultural competency in understanding the needs and challenges of individuals and their caregivers in the Lesbian Gay Bi-Sexual Transgender (LGBT) community. In 2013 the regional office arranged for a specialized LGBT training for staff. As a result every office now displays the Human Rights Campaign Logo in an effort to ensure all customers feel safe and welcome.



HO-CHUNK NATION
PEOPLE OF THE BIG VOICE

The ADRC of Eagle Country continues to collaborate and promote services to the Ho Chunk Nation. The region is looking forward to the Ho Chunk Nation providing a cultural competency training in 2014.



The Active Aging Research Center (AARC) has been very active in the past year. We've conducted the following activities and research studies in 2013:

Elder Tree (ET) - ET is the website where all of our interventions will be implemented. It is a safe, secure, and easy-to-use website that offers support for older adults. Support is provided through expert tips, check-in surveys, social connections, sharing, community calendar, driving information and caregiver and family communication. We conducted our 3rd pilot study in 2013 before the site was ready for our Randomized Control Trial. User feedback and interaction with the system was crucial in helping us "get it right" for older adult use.

Randomized Control Trial - We started our Randomized Control Trial (RCT) in November of 2013. We're seeking help from 200 older adult participants from Richland and Sauk County. In the RCT half of the participants will receive the intervention, Elder Tree and an accompanying touch screen laptop and internet connection if they don't already have one, and half will be in the control group, not receiving the technology but asked to fill out surveys. Recruitment is currently happening in both Richland and Sauk Counties.

ADRC of Eagle Country Marketing Materials - The AARC has learned a lot about accessibility, design, and simplicity for promotional & website materials pertaining to older adults. This knowledge has been shared with ADRC of Eagle Country to ensure their new materials are elder friendly. In 2013 the AARC Study Coordinator worked with ADRC staff to create new brochures, tri-fold displays, tear-off flyers, banners, pictures, and website content.



Language Enriched Exercise Plus Socialization

LEEPS was a research study funded by a 3-year federal grant awarded to nine counties in Southwest Wisconsin, including the ADRC of Eagle Country. The study was completed as of February 28, 2014 with final results to be published at a later date. People experiencing early to moderate memory loss were invited to participate in the research, providing them with the opportunity for a regular program of exercise and social outings, cognitive stimulation, and partnering participants with a volunteer to assist them. The goal was to improve physical fitness and moods, and enrich the lives of participants and caregivers.



Referrals from the four offices of the ADRC of Eagle Country made up the majority of LEEPS participants in our region. In total, 75 potential participants and their caregivers were interviewed in Crawford, Juneau, Richland, and Sauk Counties. Of those, 26 were enrolled in LEEPS, 20 of those actually began the individual exercise plan, 12 completed one-year follow up interviews, and 3 of those completed a second follow up. Early results in our area showed improved physical fitness in the participant and improved mood in both the participant and the caregiver. One unexpected outcome showed improved cognitive scores in follow up testing on most of the completers.

“Brain & Body Fitness”, a community presentation promoting participation in LEEPS, enhanced community outreach and awareness in all four counties. It also provided networking opportunities between the local ADRC offices, hospitals, Alzheimer’s Association or Alzheimer’s and Dementia Alliance, and other organizations with similar objectives, and ultimately created a unified outreach in each of the four ADRC communities.

Over the past three years, LEEPS has been expanded as a program in 10 additional counties in Wisconsin through funding for five Dementia Care Specialists. In 2014, ten additional DCSs will be funded through grants, expanding the LEEPS program further. Our expectation is that because of the research completed in Southwest Wisconsin, LEEPS will become a new standard for early intervention for people with dementia and their caregivers. Our research partners in LEEPS included.



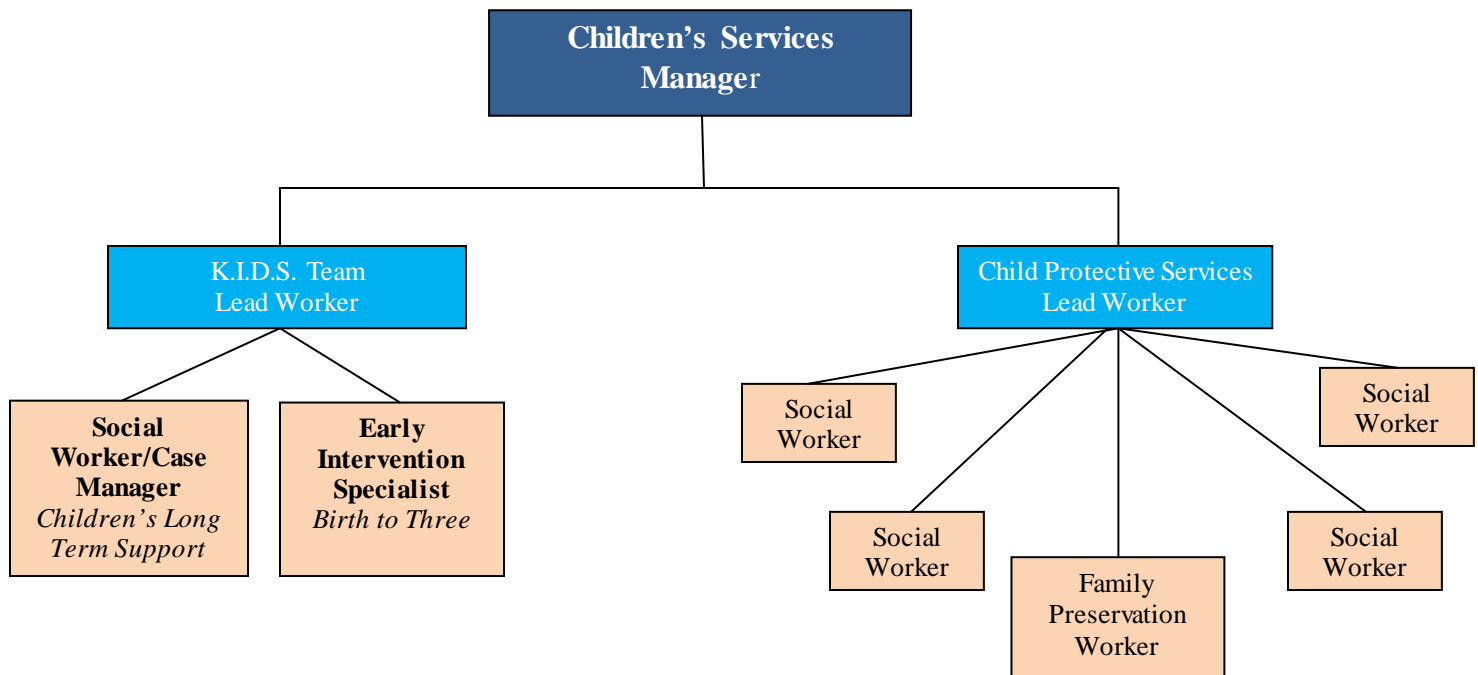
CHILDREN'S SERVICES UNIT

Richland County Children's Services works with local children ranging in age from birth to at least eighteen years of age, in some circumstances it may be longer. We interact and support families through seven individual program initiatives, all mandated through the State departments of Children & Families, Health Services, and Corrections.

Those seven programs are as follows:

- Birth to Three
- Children's Long Term Support
- Child Protective Services
- Foster Care and Kinship Care
- Juvenile Justice and
- Independent Living

The Children's Services Unit (CSU) is structurally organized as follows according to the programs outlined above:



BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is eligible to children ages 0 to 3 years, who are county residents. The program is free to many families; however there is a cost share to those who can financially manage, depending on their income. The program operates a no wait-list policy, which means that all eligible children will be served regardless of how many are already being served within the program. The main criteria for program eligibility is that the child must show a 25% delay in one or more of the key areas of development (social-emotional, physical, cognitive, adaptive and/or communicative) or have a diagnosed condition which is likely to result in a developmental delay or have atypical development.

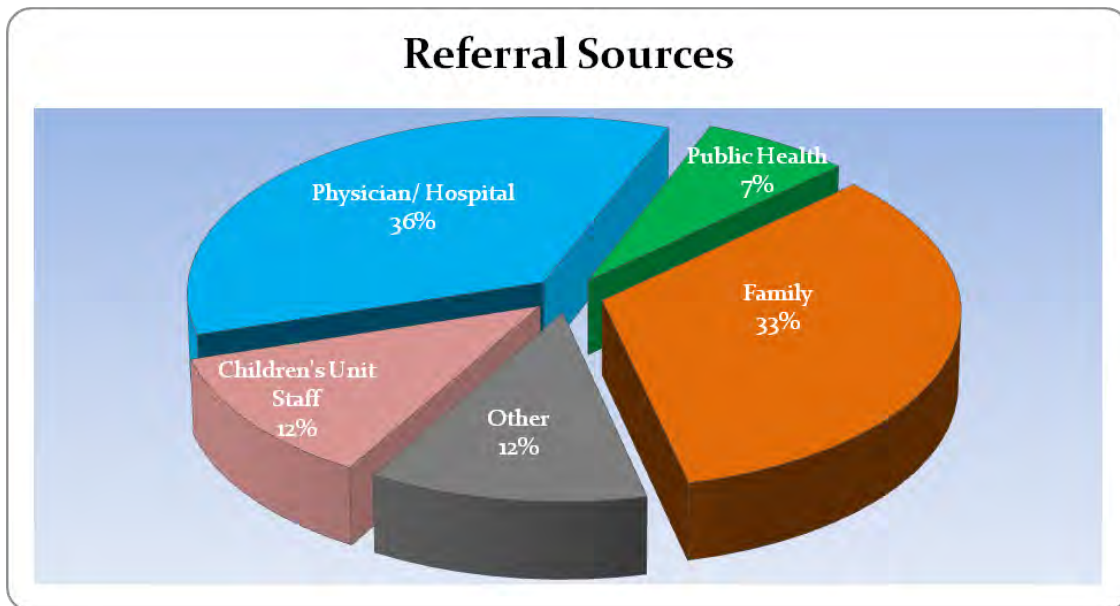
Services Provided

- *Therapies: occupational, physical, speech*
- *Developmental Evaluations*
- *Case Management*
- *Education*

Funding Sources

- *Basic County Allocation (State)*
- *Private Pay (Third Party Insurance)*
- *Medical Assistance (State)*
- *Grants (United Givers, etc.)*
- *Parental Cost Share (Individual)*

In 2013, the Richland County Birth to Three Program served **39** children. During 2013, 16 children became dis-enrolled in the program for reasons ranging from the child turning three and transitioning to early childhood, to levels of delay changing over time, and through parent choice to terminate services. Referrals come from a variety of sources. In 2013, the distribution of referrals is demonstrated in the graph below.



These figures are comparable to the previous year indicating continued low enrollment levels. The program meets its commitments for child find activities to address program census.

CHILDREN'S LONG TERM SUPPORT PROGRAM Formerly Children with Disabilities Program

The Children's Long Term Support (CLTS) program is designed to support the needs of families that have a child with developmental, physical, severe emotional disabilities and/or autism. The purpose of the program is two-fold; 1) to assist families in meeting the needs of their children within the home and, 2) to support children who have disabilities/delays to have the same quality life experiences as their non-disabled peers within the economic possibilities of their family. Unfortunately, there are often more children eligible for services than the County and/or State can provide service. In order to keep track of families in need of services and ensure that services are offered in a regulated manner the State requires Counties to maintain wait-lists.

Case Management Services

- *Coordinate in-home autism therapy*
- *Coordinate daily living skills training*
- *Arrange respite provisions*
- *Purchase adaptive aides*
- *Coordinate home modifications*
- *Conduct case management*
- *Provide information and access to community based resources*

Funding Sources

- *Medicaid (Federal)*
- *Family Support (State)*
- *Taxes (Local)*
- *Parental Cost Share (Individual)*
- *Private Pay (Third Party Insurance)*



In 2013, there were **20** children placed on the Richland County wait-list which is up slightly from the previous year. The program served a total of **29** children during the year, of which **19** received Waivers Support; a funding source which indicates full time enrollment in the program, and **10** children received Family Support; a funding source that both meets the crisis needs of families in the program, and those currently on the wait list.

CHILD PROTECTIVE SERVICES

Children's Protective Services (CPS) is one of the programs of the Child and Adolescent Services Team (CAST) that directs intervention into family life where abuse and neglect is suspected or where children are deemed to be "at risk" by their primary caregivers. The focus of protective services intervention is to maintain the child safely in the least restrictive environment and within their natural family homes where possible. This can involve a variety of activities including making referrals to community services that can carry out detailed and focused interventions to meet the specialized needs of the child or family.



Children's Protective Services are structured to:

- Prioritize the health and welfare of children by encouraging the reporting of suspected abuse and neglect.
- Identify support, counseling, and other services to empower families to survive the effects of child abuse and neglect.
- Promote safe and stable family homes for children, whether this is with biological caregivers or in other caring environments.
- Increase parent education of child development to build long-lasting, caring relationships between children and their parents.

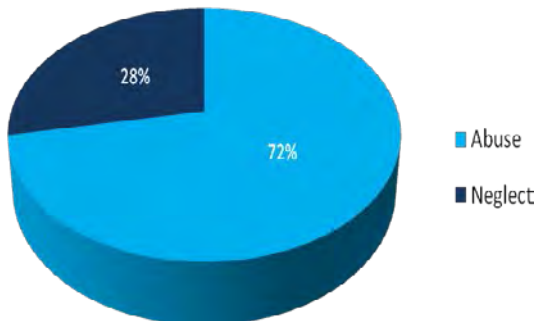
Wisconsin law has clear definitions of abuse and neglect and conditions where they permit protective service intervention in family life. CPS gets many calls each year requesting intervention that often times is outside the legal authority to act. In those situations, service aims to try to find solutions to getting the right information to the right people to ensure that local families have access to supportive frameworks in the community. We work in conjunction with many other services that can help families when we do not have jurisdiction. It is an expectation that all County agencies seriously consider the legal authority they have to intervene in family life, and to keep intervention timely and focused and above all to do no further harm.

The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County we have seen an increase in reporting during this period which may follow local and national trends.

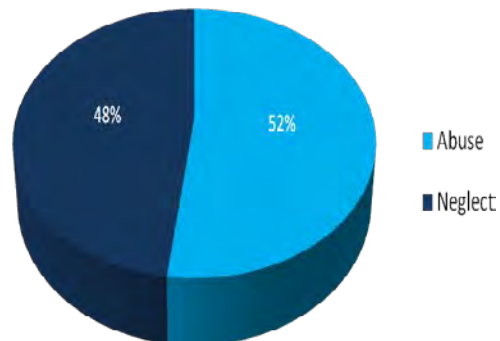
<i>SERVICE</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
<i>Total CPS Reports</i>	121	94	98	133	158
<i>Total Alleged Victims</i>	143	114	113	167	220
<i>Screened In Services Reports</i>	60	49	60	96	143

Drawing further on these comparisons, we have focused on the types of reports that CPS is receiving and screening in for response by a Social Worker. The first two charts below compare the reports screened in for investigation by maltreatment types for 2012 and 2013.

Screened In Reports by Maltreatment Type (2012)



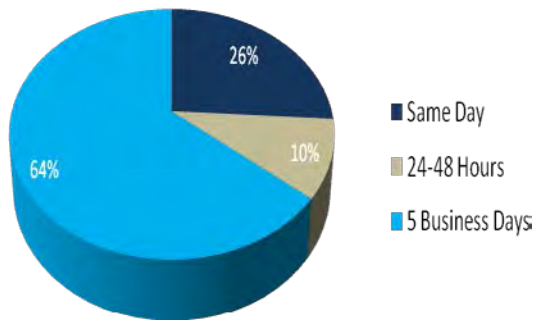
Screened In Reports by Maltreatment Type (2013)



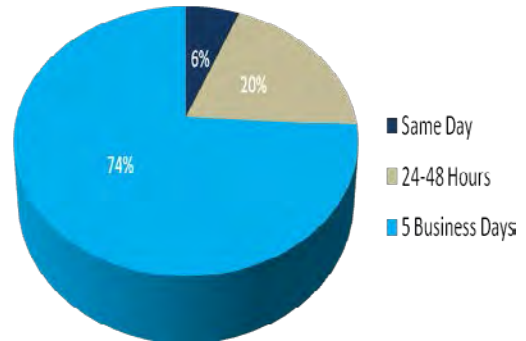
Overall, physical abuse and neglect make up the largest percentage of child maltreatment. CAST promotes several parenting support courses to assist with the education and support of parents locally, and continues to build on its safe and stable families modules.

The second set of charts below reflects the response times by the agency, as defined by State statues. Similar to 2012, a response of 5 business days was the most typical type of response in 2013. This response time reflects a lower incidence of urgent or emergency reports involving imminent danger.

Screened In Reports by Response Times (2012)



Screened In Reports by Response Times (2013)



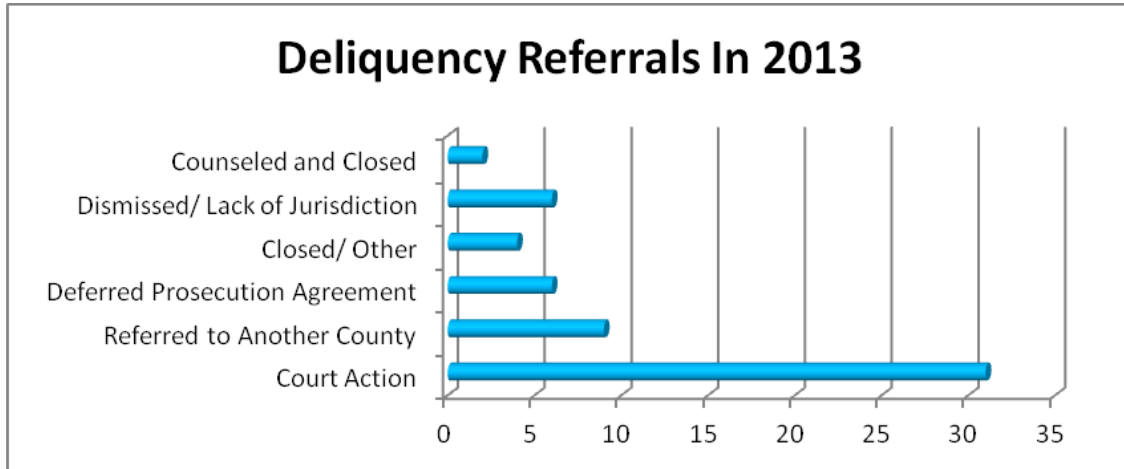
JUVENILE JUSTICE

Juvenile Justice is the second program of Child and Adolescent Services Team (CAST). Juveniles served by this program are 17 years of age or younger, have been alleged to have violated a State or Federal law and/ or they are habitually truant from school (as defined by Wisconsin law). The focus of the program is to address juvenile delinquency in ways that prevent young people from ending up within the prison system in the future. This may involve stipulating corrective actions to unlawful behavior, incorporating the young person’s family in actions to reduce offending behavior, and pursuing referrals to services that will address the root causes of offending behavior in juveniles. By working with young people separately from the adult criminal system it allows the program to work from a supportive systems perspective while maintaining individual responsibility. The type of referrals that the program sees has remained static over the last year.

Services Provided:

- Processing juvenile referrals.
- Making recommendations to the Court.
- Attendance and representation of the County at Court hearings.
- Case management and service coordination of juveniles.
- Collection and distribution of restitution monies.
- Provide electronic monitoring.
- Reunification for juveniles maintained out of home.

The disposition or legal processing of a juvenile delinquency case can take many forms dependent on the nature of the offense, the history of the offender, and the support system in place around the offender to reduce recidivism. Of those referrals made in 2012, the disposition is reflected by specific action in the chart below.



There were **58** referrals in total for 2013; of those, 31 referrals saw case action and 12 of these are repeat offenders, which is consistent with the previous five years.

FOSTER CARE and KINSHIP CARE

Foster Care is the third program of the Child and Adolescent Services Team (CAST). Having caring, responsive foster parents to envelope the child and work closely with the family to overcome these traumatic experiences is key to the safe reunification of children back to stable family homes. Foster parents receive payment towards the direct costs of caring for County children in need of out of home care. The rates are established by the State and implemented by the County.



The Foster Care Program has been largely responsible for the licensing of Level 1 and Level 2 homes locally. In 2013, there were 13 children in foster care which is similar to 2012. After joint work with a private licensing agency, our program has been brought in line with current licensing standards. We are currently working on expanding our foster homes and building on local resources for our children.

INDEPENDENT LIVING SERVICES

Richland County receives a small stipend to help youth who age out of care to achieve independence post 18 years. In 2013, we have 2 new youth who qualified for these services, but refused services.

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

Clinical Services strives to improve the emotional well being of individuals and families based upon their identified wants and needs by providing accessible, quality assessment, treatment, rehabilitation, education, and support in areas of mental health and addiction recovery.

To the community...

Clinical Services endeavors to serve as a resource to the community on mental health and addiction in the areas of education, intervention, and treatment in order to promote an environment that is supportive to individuals seeking and obtaining assistance.

SERVICES

Clinical Services provides a continuum of behavioral health services to Richland County residents that range from brief crisis intervention to intensive long-term treatment services. Clinical Services helps individuals and families who are experiencing acute emotional crises, addiction, short-term mental health issues, or persistent mental illnesses and substance use disorders.

In 2013, Clinical Services staff assisted **926** individuals in one or more of its programs.

RECOVERY

Recovery is a journey of healing and transformation enabling a person coping with mental illness or addiction to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. There are effective treatments for mental illnesses and addiction. **Recovery is possible for everyone!**

All programs in Clinical Services strive to promote a recovery philosophy so that individuals and families can pursue their hopes and dreams and minimize the impact of mental illness, addiction and trauma on their lives.



CRISIS INTERVENTION SERVICES

Every county in Wisconsin is required to provide emergency mental health and substance abuse services. The types of services that may be provided include:

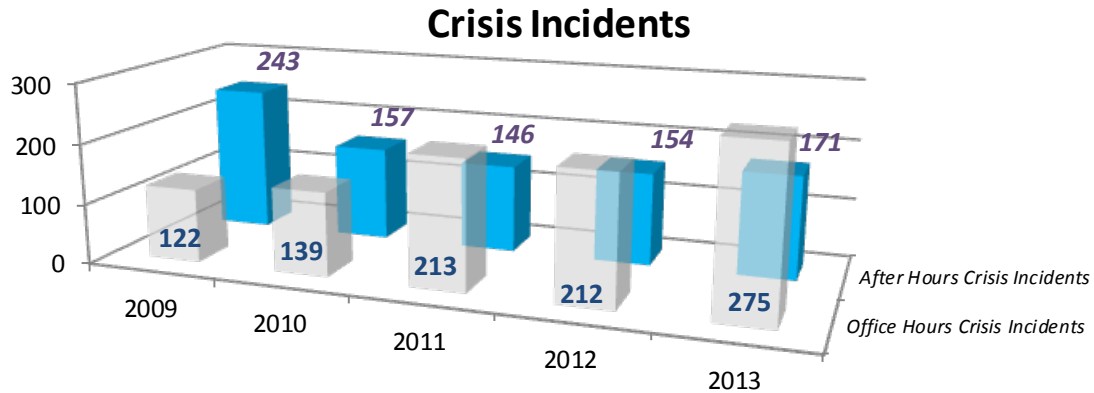
- Evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Response to outpatient emergencies related to substance abuse including the provision for examination of a person's need for detox.
- Arranging for emergency hospitalization and detox when appropriate.

The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

Clinical Services professional staff provided emergency telephone services, walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services.

During non business hours, Northwest Connections is a contracted service that responded to crises in Richland County. Northwest Connections provided crisis telephone services through their "Call Center" which has a toll-free number and a mobile crisis response through locally hired crisis intervention workers. The Call Center provides callers with information, support, crisis counseling & intervention, service coordination, and referral for additional, alternative or ongoing services. The Call Center has a direct link to the mobile crisis service, which can provide an onsite response to an emergency situation. The mobile crisis service has the capacity for making home visits and for seeing clients at other locations in the community. Law enforcement may accompany the mobile crisis worker.

Crisis Contacts: In 2013, Health and Human Services provided Crisis services to a total of 208 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 171 afterhours crisis contacts and Clinical Services staff handled 275 crisis contacts during office hours.

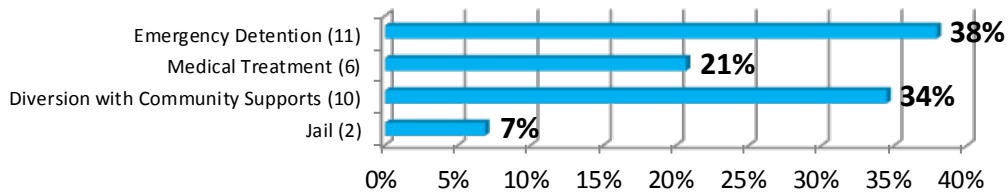


Emergency Hospitalizations: Emergency hospitalizations increased by 2% compared to the previous year however the five-year average for emergency hospitalizations continues to drop since establishing the afterhours crisis system with Northwest Connections. Richland County averaged 68 emergency hospitalizations annually in the five years prior to implementing the new system, while the average has been 41 per year since beginning the new crisis system in 2011.

	2011	2012	2013
Afterhours Hospitalizations	16	20	26
Office hours Hospitalizations	21	22	17
TOTAL HOSPITALIZATIONS	37	42	43

Northwest Connections Mobile Response Outcomes: The mobile response system is activated when there is a need for onsite intervention/assistance or there is a concern that an emergency hospitalization may occur. The role of the Mobile Crisis Worker is to conduct an assessment and try to resolve the crisis by using community supports thereby avoiding the need for hospitalization. Mobile Crisis Workers responded to 29 crisis situations in 2013. Northwest's mobile response services were able to divert the need for ten (10) hospitalizations by implementing community supports, follow-up, and service linkage.

Outcomes of Mobile Response Crisis Incidents
(total = 29)



Diversion Cost Savings Estimates: It is difficult to make a direct connection between the afterhours diversions and the County's inpatient and institution expenses. Decreased emergency hospital admissions do not automatically translate into decreased county costs. Whether inpatient psychiatric or institutional expenses are incurred by the County is dependent upon if the individual hospitalized lacks insurance coverage. The length of stay during an admission is dependent upon the severity of the individual's mental health condition. One high severity hospitalization in which the person does not have insurance coverage can have a large impact on the County's costs.

The Northwest Mobile Crisis Service diverted ten hospitalizations 2013. The average County cost in 2013 of one hospitalization was approximately \$5,500 in an acute care psychiatric hospital or \$7,000 in a Mental Health Institute. Although ten individuals were diverted from going to the hospital, this does not mean that Richland County would have incurred all of the costs of those individuals.

Roughly 25% of individuals who were hospitalized in the last two years did not have insurance that covered the costs of their stays. Assuming the same ratio applied to the ten individuals who were diverted from being hospitalized, that would mean between two or three of the hospital stays would have required County funding. If three individuals experienced an average length of stay (5 days) during their hospitalizations, then the total cost to the County would have been between \$16,500 and \$21,000.

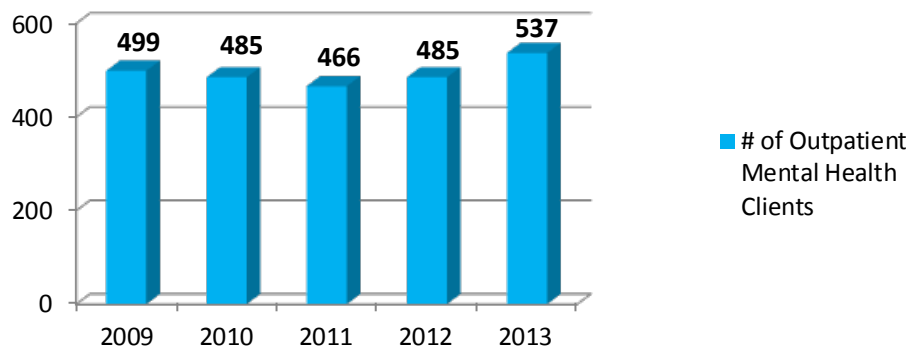
Estimated Annual Cost Savings from Northwest Diversions	
Assumption that 25% of Diversions Require County Funding	3
Average Cost of Inpatient Psychiatric Admission	\$5,500.00
Average Cost of Institution Admission	\$7,000.00
<hr/>	
Range of Estimated Savings	\$16,500 to \$21,000

OUTPATIENT CLINIC

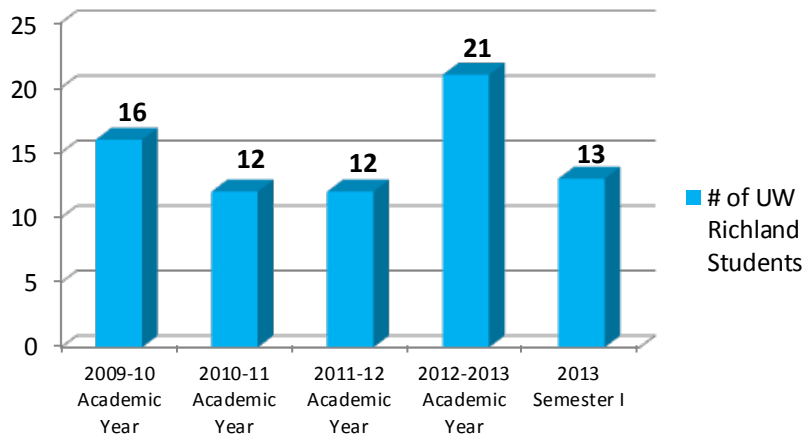
The Outpatient Clinic provides mental health and substance abuse treatment services for people who encounter problems with mental illness, stressful life situations, or addiction issues that cause emotional distress or difficulty coping. The clinic is certified by the Wisconsin Department of Health Services.

Mental Health Treatment Services: Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life situations or coping with mental illness.

In 2013, Clinical Services had an 11% increase in individuals served by outpatient mental health services. The increase was primarily due to more clients seeking psychotherapy or counseling services. Clinical Services provided psychotherapy to 295 individuals, psychiatric care/medication management to 304 people and conducted 45 psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.

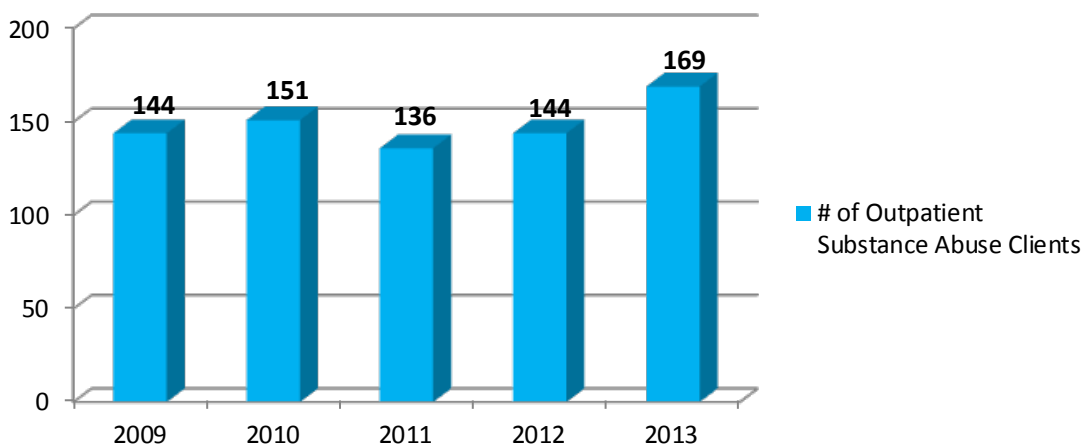


UW-Richland Campus Counseling Services: Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are feeling stressed, depressed, or have other emotional concerns. Services are provided at no cost to the student. In addition to counseling services, Health and Human Services provides training and consultation to residence hall and other campus staff; consults with the campus Threat Assessment Group; provides mental health and substance abuse in-services and screenings to the student body; and is also available to provide assistance in any type of mental health emergency.



Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2013, Clinical Services substance abuse counselors provided assessment, referral, and treatment to 169 adults and teens struggling with substance use disorders. This was a 17% increase from the previous year.

In addition to individual outpatient counseling, group programs were also provided including a utilizing evidence-based curriculum called PRIME for Life and PRIME Solutions. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows the number of individuals who received substance abuse assessment and outpatient treatment services each year.

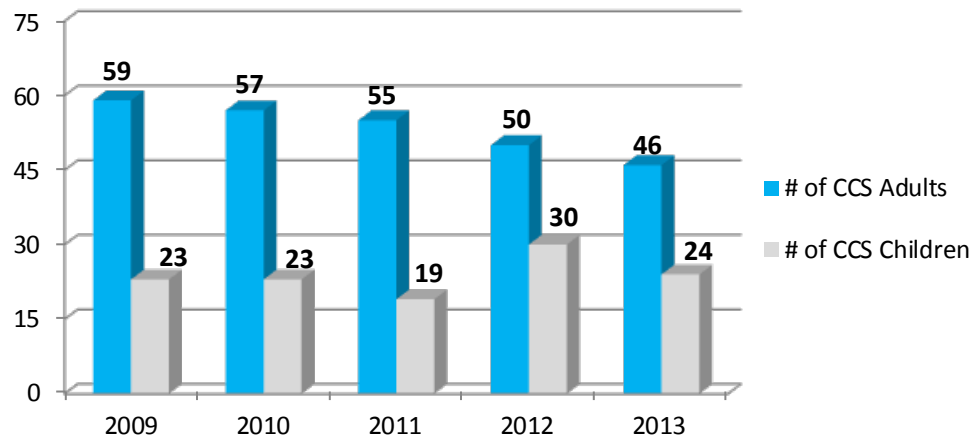


COMPREHENSIVE COMMUNITY SERVICES

Clinical Services provides treatment in the community to people who cope with serious mental illness and/or substance abuse that impacts their ability to function. Comprehensive Community Services (CCS) provides psychosocial rehabilitation in the community to assist individuals in reducing the effects of a mental illness or substance use disorder. CCS is certified by the State Department of Health Services.

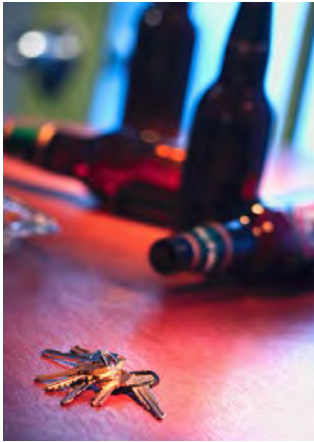
CCS provides psychosocial rehabilitation services to children, adolescents and adults with mental health or substance use disorders. CCS uses a team model that is flexible, person-centered, recovery focused, strength-based and outcome oriented. Services focus on recovery and supporting individuals to overcome barriers caused by their symptoms so they can improve functioning and pursue their hopes and dreams. Previously CCS services for children were provided by the Children's Services Unit however in 2013 the decision was made to organize the children and adult CCS services together within Clinical Services.

There has been a steady decrease in the number of adults served in the last five years. The program is currently studying this trend in order to identify possible factors. The chart below shows the number of CCS consumers served annually.

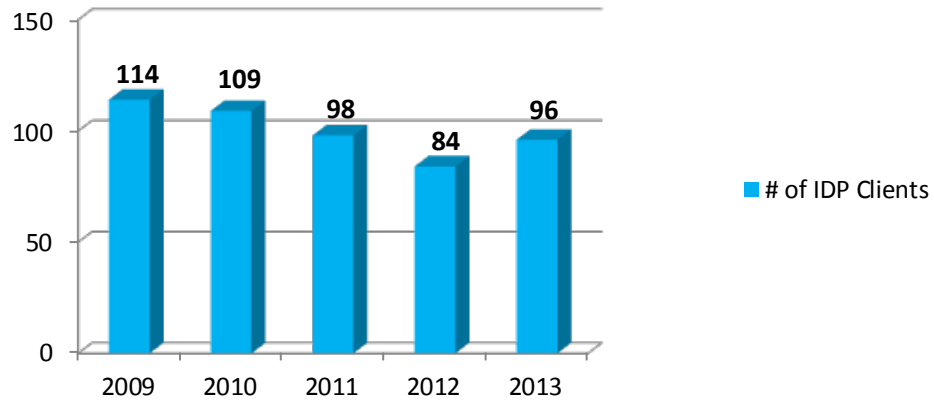


INTOXICATED DRIVERS PROGRAM

Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves and the community.



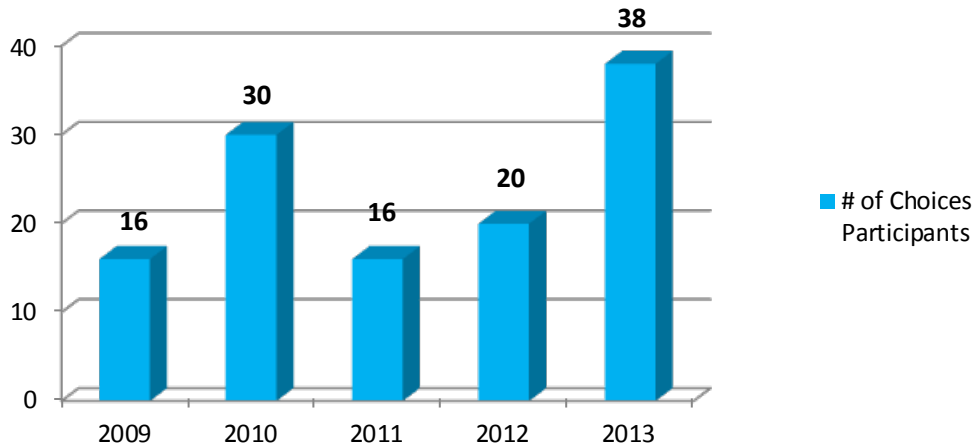
In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Approximately half of those assessed in 2013 were referred to a treatment program.



CHOICES

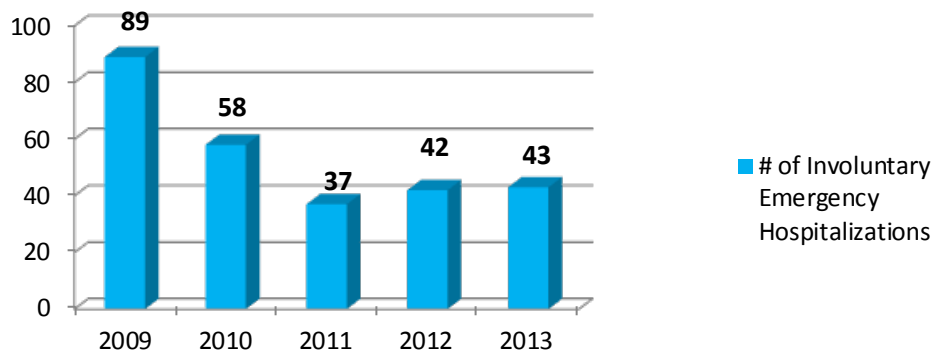
Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants. The program served a record number of participants in 2013.



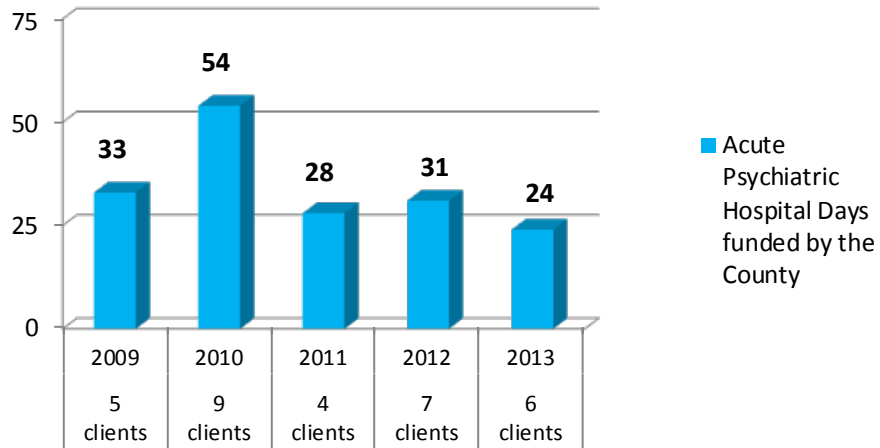


INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

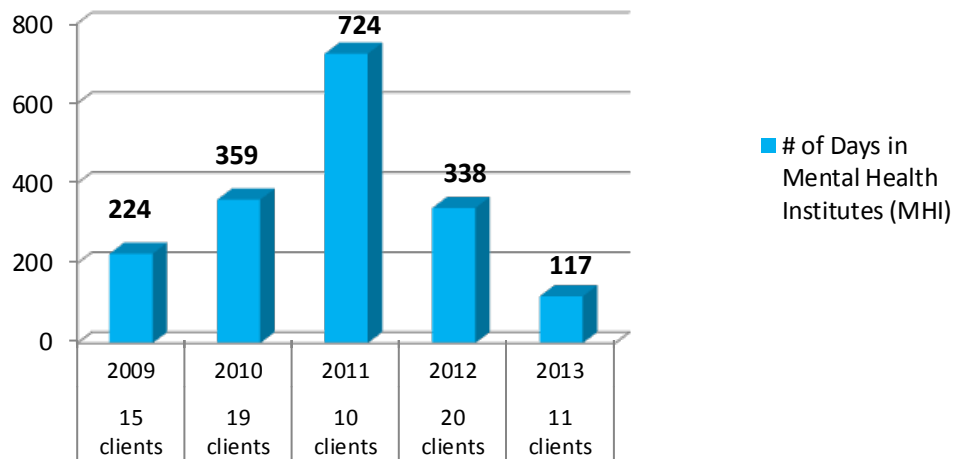
Clinical Services facilitates voluntary and involuntary hospitalizations for individuals who need this inpatient psychiatric service. Involuntary hospitalizations (*sometimes called emergency detentions*) occur when a person is determined to present a substantial risk of harm to him/herself or to others due to a suspected mental illness. The person is detained by law enforcement or the court at a psychiatric facility in order to be evaluated. If the person is determined to pose an ongoing risk to him/herself or to others, a civil commitment process may be pursued to assure that the person gets necessary treatment. Clinical Services has maintained a low number of involuntary hospitalizations since implementing its certified crisis program which includes contracting with Northwest Connections to provide afterhours telephone and mobile crisis response. The chart below shows the number of involuntary hospitalizations for the last five years.



Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2013. The chart below shows the number of hospital days funded by Health and Human Services each year.

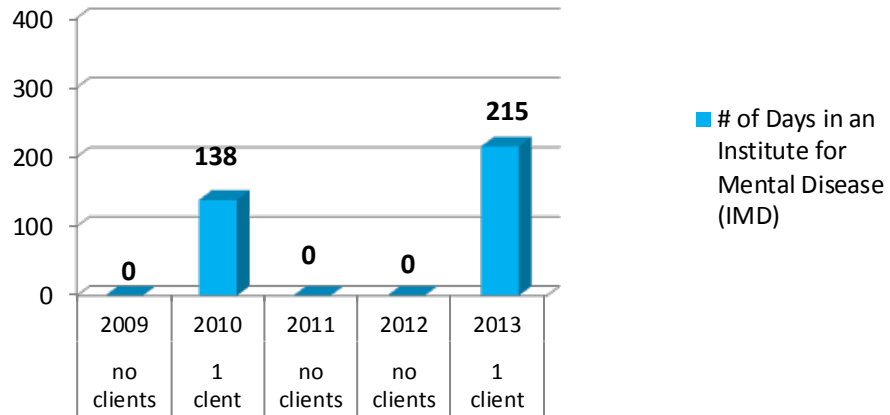


Mental Health Institutional Placements: For long-term care and treatment needs in 2013, Richland County placed individuals at Mendota and Winnebago Mental Health Institutes. These facilities were also used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalizations. The chart below shows the total number of days of institutional care funded annually by Richland.



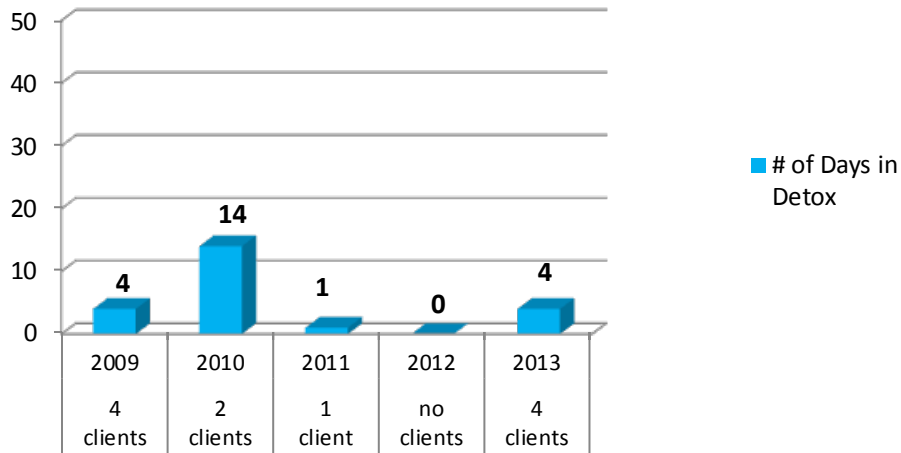
In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25%*) from state to county governments. Three of the eleven individuals shown in the chart above for 2013 were under the age of 21 and accounted for 28 days of care.

Institutes for Mental Disease: Richland County may also use Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County’s use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care. There was one person placed in an IMD in 2013.



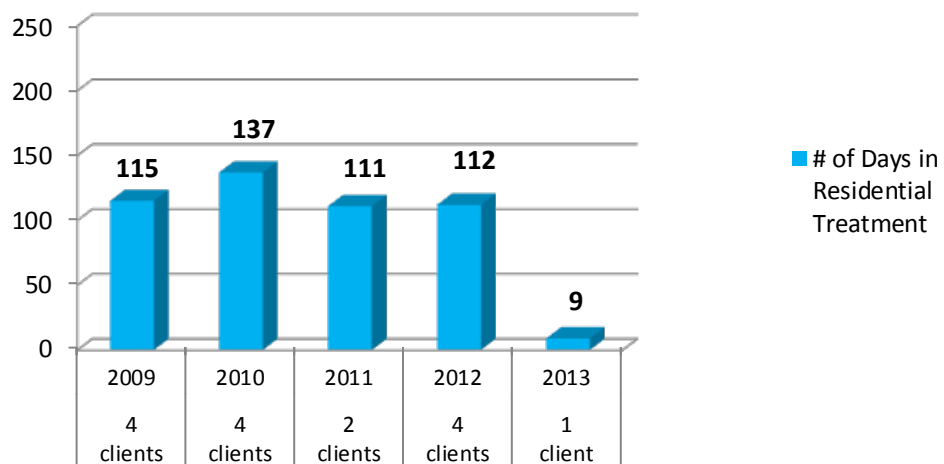
DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. Two individuals were sent to certified detox facilities in 2013. Detox in Richland County was primarily managed on the general medical unit at the Richland Hospital. The chart below shows the county-funded detox services at certified detox facilities.



RESIDENTIAL TREATMENT FOR SUBSTANCE USE

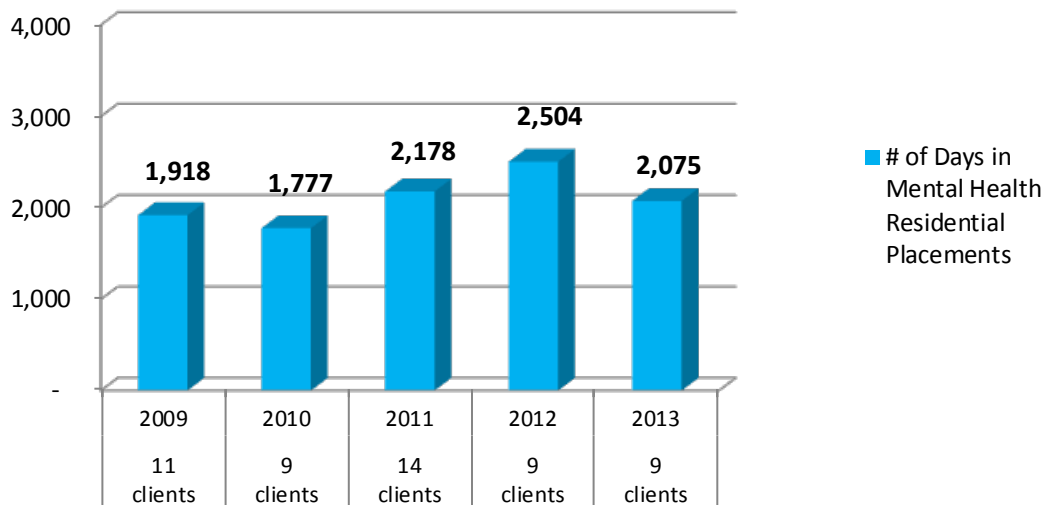
Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable attain recovery using outpatient or other less intensive treatment services. A comprehensive substance abuse assessment is completed in order to determine the individual's need for this more intensive treatment. The funding for Residential Treatment is generally very limited and therefore this service is not always an available option. Health and Human Services contracted with Gundersen Lutheran Healthcare and Mayo Health Systems for these services. Only one individual was funded for residential treatment services in 2013, but did left treatment early. Unfortunately, the state funding that is usually used for residential treatment was awarded too late in the year to utilize for more clients this year.



MENTAL HEALTH RESIDENTIAL SERVICES

Mental Health residential services are provided when individuals require supervised living services in order to cope with their mental health symptoms. These services are provided in Adult Family Homes (AFH) or Community-Based Residential Facilities (CBRF). Some individuals need temporary residential services to assist with successfully transitioning from an inpatient psychiatric hospital stay back to living independently in their own homes. Others require long-term placements in order to remain in the community and avoid institutionalization. In addition to residential services, individuals receive other community treatment so that they may reach their highest possible level of functioning.

Nine individuals received residential services in 2013. Seven of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). The other two individuals required transitional placements as a “step down” from inpatient psychiatric hospitalizations. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



ECONOMIC SUPPORT UNIT

Mission Statement

The Richland County Health and Human Services Economic Support Unit believes that all persons applying for assistance have the right to be treated with respect, dignity and confidentiality.

Our Mission is to provide families, and individuals who are elderly, blind or disabled with services needed to achieve economic independence, including referrals to the appropriate agencies.

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus
Caretaker Supplement (CTS)
Day Care Assistance
FoodShare

FoodShare Employment & Training
Fraud and Front-End Investigations
Medical Assistance
WI Home Energy Assistance

The Role of the Economic Support Unit

In 2013, the job of the Economic Support staff remained very challenging due to its ever changing nature. While some believe the Economic Support Specialist merely enters data into the computer to determine a customer's eligibility, they would be wrong. While they do interview clients to determine eligibility and enter data submitted, they must also verify the information submitted, process changes, and navigate a variety of computer systems. All the while, they continue to interpret policy. In 2013, the unit administered 36 policy changes or clarifications while case managing an even higher caseload than the year before going from approximately 700 cases per worker to over 800 cases. This ever-growing caseload remains manageable with the assistance of the Capital Call Center to which Richland County dedicates 1.1 full-time agents. Joining the Capital Consortium allowed for workload sharing across the seven counties (Adams, Columbia, Dane, Dodge, Juneau, Richland and Sauk) providing for increased efficiencies and better customer service for the citizens of Richland County.

In addition to client contacts, there is also daily interaction with both agency staff and other professionals in the community. The Economic Support Specialist is many times viewed by their clients as their "Social Worker" because of the help they provide in their time of need. The agency thanks each one of them for their commitment to the families they serve.

The Role of the Capital Consortium

2013 was the second year as part of the Capital Consortium for Income Maintenance programs. There are seven counties that make up this consortium: Adams, Columbia, Dane, Dodge, Juneau, Richland, and Sauk. Throughout the year, there was continuous communication, coordination and cooperation on almost a weekly basis to ensure that delivery of services remained consistent and in keeping with the Economic Support mission. This communication has been key as it is very difficult for workers to give up "ownership" of their cases. These are people they've worked with, in some cases, for years and clients needed to know that everyone is capable of helping and has the desire to help. Because of caseload increases at the local level, the relief that came from consolidation has helped immensely.

Another key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants can now call a toll free number and speak to someone in regards to questions, changes, and scheduling appointments. Every county has agents on the phone, and in 2013, we provided the equivalent of 1.1 full-time agents to the Call Center. An agent is an Economic Support worker and they have to be fully trained in all Economic Support programs. In 2013, the Capital Call Center accepted 240,810 calls. Our biggest success came when we found the right staffing levels which included ensuring that we back-filled all absences reducing our waiting times significantly from seven minutes to less than one minute.

In addition to reduced waiting times, we have found that part of our success came from gaining client confidence. The client needed to know they were in very capable hands and that Call Center workers have the ability to provide resolutions to questions and concerns much quicker than the old process which resulted in several days wait for a return call. By using the Call Center, their problem can almost always be resolved at that moment with just one phone call. The implementation of the "one-touch" approach in the Call Center in 2013 assisted in this endeavor. "One-touch" means exactly that. The Call Center agent will do everything in their power in that one phone call to make all the changes or process all the documents or do an interview without rescheduling the appointment. The goal is to not have the customer call back or be passed around.

BADGER CARE PLUS **(Family, CORE, Basic)**

BadgerCare Plus (BC+) is a State/Federal program that provides health coverage for Wisconsin families as well as single individuals with the implementation of the CORE Plan in 2009. Potential BC+ members include:

- Children under 19 years of age;
- Pregnant women;
- Parents and caretakers of children under 19;
- Young adults leaving out of home care (such as foster care);
- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care;
- Documented and undocumented immigrants who are children, parents or caretakers, and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services;
- Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program;
- Women ages 15-45 may be eligible for limited benefits under the BC+ Family Planning Services program (FPOS);
- Women ages 35-65 diagnosed with cervical or breast cancer may be eligible for Well Woman Care;
- Single individuals between the ages of 19 and 64 who are not pregnant; single is defined as not caring for a child under age 19 who is living with him/her.

These persons are eligible if they meet all BC+ non-financial and financial requirements. In 2013, new applicants for the CORE plan were automatically put on a waiting list. However, we still had to process these applications when they come through our agency which affects our workload. In addition, we had to process the reviews annually of individuals who were lucky enough to be enrolled in the program at the onset. Keeping these individuals eligible was highly important because if they didn't remain eligible, they had no option but to go back on the waiting list.

**Enrollment in BC+, FPOS, & Well Woman
in 2013 ranged from a high of 3,105 individuals in July 2013 to a low
of 2,949 individuals in December 2013.
*This compares to 2,894 individuals at the end of 2012.***

*Note: While 2013 total benefit amounts were not available at the time of this report due to delayed provider billing, in 2012, **\$28,863,438** was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.*

CARETAKER SUPPLEMENT (CTS)

Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments. CTS is not a Medicaid benefit; it pays cash only to eligible parents. CTS benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child. Parents who receive SSI who are living with and caring for their minor children apply for CTS at their local human services or social services agency. The children must meet income and asset requirements to be eligible and the children must not be on SSI themselves.

In 2013, 8 families received \$32,850 in assistance.

DAY CARE ASSISTANCE

Wisconsin Shares - Working together
to make
child care costs affordable



Steps toward receiving day care assistance are:

- 1) An application and required appointment (phone or face-to-face) with an Economic Support Specialist.
- 2) You must be income eligible.
- 3) You must be in an approved activity such as working, or
- 4) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the W-2 agency determines the course would facilitate employment.
- 5) You must use a County certified or State licensed provider who is also Youngstar approved.
- 6) You may be required to pay a co-payment to the provider based on your income and the number of children in care.

If eligible for assistance, payments are made to the provider directly. A review, every six months, of the applicant's income and activities is required to continue receiving assistance.

The Economic Support Unit is also responsible for certifying Day Care facilities. Currently, there are 20 certified providers in Richland County. To be certified, a provider will have a home visit, background check, and must comply with other qualifying requirements. Packets are available for providers wishing to become certified.

**In 2013, as many as 67 families and 132 children at one time received assistance with day care.
\$189,700 was paid to providers on behalf of those families.**

FOODSHARE

A Recipe for Good Health

FoodShare Wisconsin, administered by the United State Department of Agriculture, helps people with little or no income to buy food. Recipients are people of all ages who may have a job but the wages are low, are living on a fixed income, have lost their job, are retired, or are disabled and are not able to work. FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health for those with limited means.

Clients are able to establish a filing date by applying online, calling the Capital Consortium Call Center or by stopping by the agency and signing a paper request. This is followed up by a required interview (phone or face-to-face). They are asked about their income and household composition among other questions. If found to be eligible, a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to access those benefits.

As part of a consortium, for the FoodShare program, we are evaluated annually by the Department of Health Services as required by the Federal government. Of particular note were the results of the "Customer Survey." The majority of the respondents (78.6%) felt they were treated with respect. The majority of the respondents (64.3%) were comfortable knowing that their information was kept private and safe. This is a testament to the great work done by staff at the local agency and through our Call Center to assist families.

**In 2013, Richland County had an average of 2,921 FoodShare recipients per month.
Benefits paid totaled \$3,667,165.**

*This compares to 2,746 recipients per month in 2012.
Unduplicated recipient numbers were not available at the time of this report.*



FOODSHARE EMPLOYMENT AND TRAINING

The federally legislated purpose of the FoodShare Employment and Training Program (FSET) is to utilize the strengths, needs and preferences of the job seeker, who is a recipient of FoodShare, to provide services that will result in successful competitive employment, while promoting economic self-sufficiency. This is currently a volunteer program that does offer supportive services that include, but are not limited to, child care assistance as well as mileage reimbursement. This is different than W-2 in that there is no cash assistance tied to the program.

FRAUD & FRONT-END INVESTIGATIONS

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support worker investigates all reports of potential fraud, follows-up on wage discrepancy reports received quarterly from the state as well as reviews reports received from the state OIG submitted through the Fraud hotline. Following an investigation, if substantiated, individuals must repay any benefits they were not entitled to and sometimes the consequences result in sanctions from future benefit and possibly even referrals to the district attorney for prosecution. Significant effort, however, is put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

In 2013, 212 cases were looked at for potential fraud. Of these cases, the majority were unsubstantiated as they were the result of wage reports through unemployment that needed clarification. One case, not related to wages, did result in recovery efforts of an overpayment totaling \$36,416.

MEDICAL ASSISTANCE PROGRAM

Medicaid, also known as Medical Assistance, MA, and Title 19, is a State- and Federally- funded program that helps low-income people, including residents who are elderly, blind, or disabled (EBD), pay their medical bills. A person is eligible if he or she meets all non-financial and financial requirements. If eligible, they may fit into one (or more) of the sub-programs listed below:

- SSI-related Medicaid
- Medicaid Purchase Plan (MAPP)
- Institutional Long Term Care
- Home and Community Based Waivers Long Term Care
- Family Care Long Term Care
- Katie Beckett
- Tuberculosis-related
- Medicare Premium Assistance (QMB, SLMB , SLMB+ , QDWI)
- Emergency Medicaid
- SeniorCare

At the end of 2013, 1003 individuals were eligible for medical assistance (including SSI-eligible individuals) and long-term care programs.

This compares to 967 individuals in 2012.

Note: While 2013 total benefit amounts were not available at the time of this report due to delayed provider billing, in 2012, \$28,863,438 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM **(WHEAP)**

The Wisconsin Home Energy Assistance Program (WHEAP) administers the Federally-funded Low Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. WHEAP and its related services help over 100,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

- Emergency fuel assistance
- Counseling for energy conservation and energy budgets
- Pro-active co-payment plans
- Targeted outreach services
- Emergency furnace repair and replacement

In Federal Fiscal Year 2013, 918 households received Energy Assistance in Richland County for a total of \$530,681.

In 2012, 867 households received Energy Assistance for a total of \$493,785.

In Federal Fiscal Year 2013, 320 households received Crisis Assistance, totaling \$46,611.

In 2012, 319 households which received Crisis Assistance for a total of \$57,577.

In Federal Fiscal Year 2013, 11 households received Furnace Repair/Replacement Assistance, totaling \$19,197.

In 2012, 10 households received Furnace Repair/Replacement Assistance for a total of \$17,058.

Websites of Interest

Access: www.access.wisconsin.gov

Department of Health Services: <http://dhs.wisconsin.gov/>

Nutrition/Hunger Program: <http://dhs.wisconsin.gov/programs/nutrition.htm>

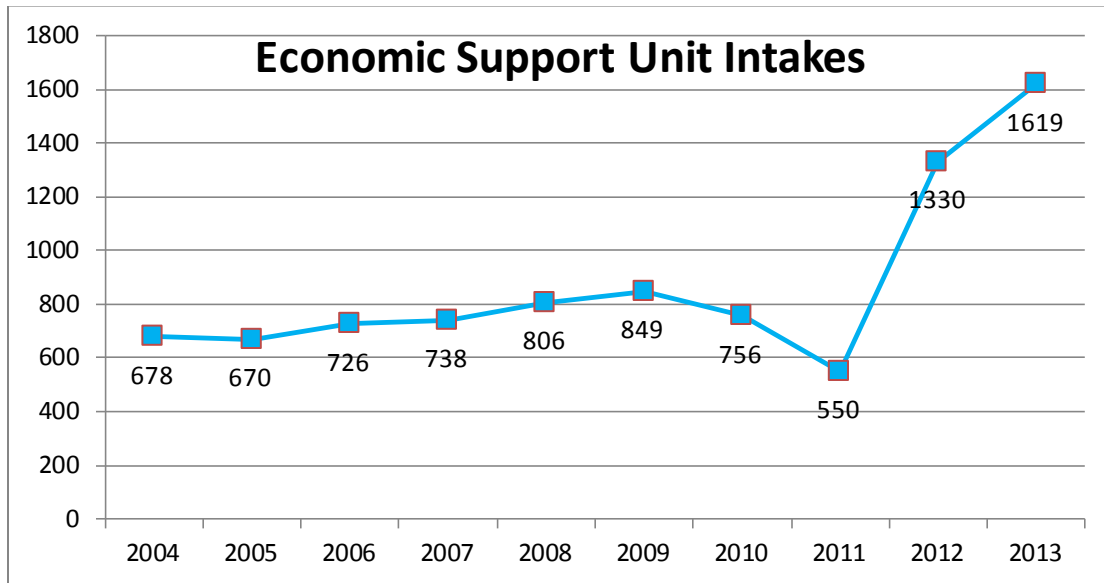
Wisconsin Department of Workforce Development:

<http://www.dwd.state.wi.us/default.htm>

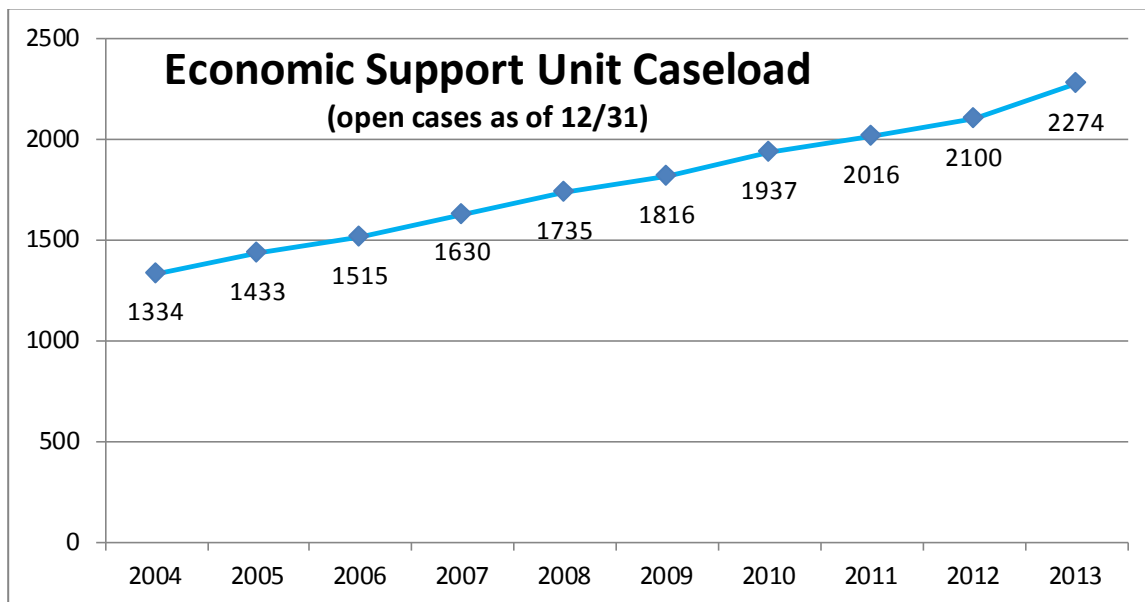
Wisconsin Department of Children & Families: <http://dcf.wisconsin.gov/>

Wisconsin Home Energy Assistance Program: <http://www.homeenergyplus.wi.gov>

Statistics for Richland County



**Note regarding the high intake numbers in 2012 and 2013: The Consortium model is required to meet certain Performance Measures. In order to monitor operations as a Consortium, detailed reports were created to ensure those measures were met. Part of our "Intake" requirements now include the timely processing of ALL new program requests for assistance – not just initial applications. For example, a family could apply for BadgerCare Plus in February and then apply in July for FoodShare. These are considered TWO "Intake" applications. This is not new to our operations, but prior to 2012 we were unable to collect data regarding these counts.



PUBLIC HEALTH UNIT

Mission Statement

The Public Health Unit's mission is to promote health and improve the quality of life for Richland County residents through the provision of a variety of Public Health Programs based on primary prevention, early intervention, and health promotion.

PROGRAMS AND SERVICES

Communicable Disease

Immunizations
Investigation and Follow Up
Tuberculosis Prevention and Control
TB Dispensary
Rabies Prevention and Control

General Public Health Programs

Community Transformation Grant
Loan Closet
Public Health Home Visits
Wisconsin Partnership Program Grant
Wisconsin Well Woman Program
Tobacco Control/Wisconsin WINS
School Health
Jail Health
Richland Community Free Clinic

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination
HealthCheck
Fluoride
Child Passenger Safety

Environmental Health

Private Well Water Testing
Radon
Childhood Lead Poisoning Prevention
Human Health Hazards

Preparedness & Response

Preparedness & Response Highlights



COMMUNICABLE DISEASE



Immunizations: Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease.

Pertussis (whooping cough) remains common in the United States and Wisconsin. There were 5 confirmed cases of Pertussis in Richland County in 2013, which is a positive decrease from Richland County's 28 confirmed cases in 2012. Routine immunization is the best protection against Pertussis and all vaccine preventable diseases.

Public Health provides all routine childhood immunizations at regularly scheduled immunization clinics throughout the year and influenza and pneumonia vaccines each autumn.

Immunization Statistics:

Immunization	2007	2008	2009	2010	2011	2012	2013
Comvax (Hib & HepB)	38	23	33	n/a	n/a	n/a	n/a
DtaP	105	90	101	27	10	24	13
Hepatitis A	39	40	38	58	43	87	43
Hepatitis B	15	14	31	32	18	16	6
Adult Hepatitis B	36	14	44	53	45	29	9
Hib	14	14	14	20	13	7	1
Influenza	1177	1146	1171	916	771	647	602
MMR	62	60	69	71	35	33	10
Pneumonia	43	41	27	60	26	14	19
Polio	82	76	82	28	18	8	15
Prevnar	73	55	60	76	31	16	4
Td	128	102	26	26	5	5	1
Varicella	101	186	195	156	99	73	17
Menactra	61	84	109	48	47	31	19

Td-Pertussis (Tdap)	87	449	407	372	272	260	134
Immunization	2007	2008	2009	2010	2011	2012	2013
HPV (Gardasil)	49	79	89	67	39	44	28
Rota Teq	n/a	21	34	18	10	5	2
Twinrix (HepA-B)	n/a	8	6	3	9	0	2
H1N1 Influenza A	n/a	n/a	1909	495	n/a	n/a	n/a
DTPaP-Hib-Polio (Pentacil)	n/a	n/a	n/a	30	19	13	4
DTPaP-Polio (KINRIX)	n/a	n/a	n/a	22	13	15	0
TOTAL	2110	2502	4445	2578	1523	1327	929

Communicable Disease Investigation and Follow Up: According to Wis. Stats. 252.05, any health care provider who “knows or has reason to believe a person treated or visited by him or her has a communicable disease” is required to report. Per Administrative Rule DHS 145.04 (1), this includes reporting of “a case or suspected case...” And, according to DHS 145.05, the local health department is required to confirm the illness and determine as far as possible all sources of infection and exposures to the infection.

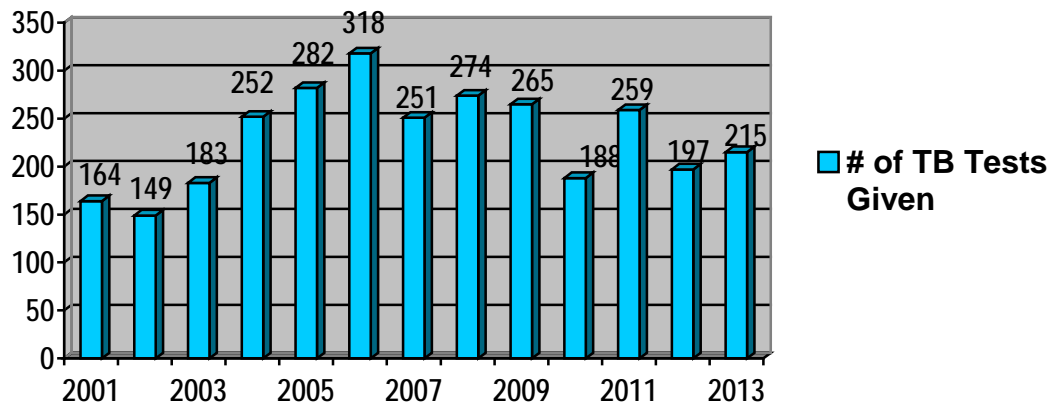
Follow up is completed by public health nurses and data is entered in to Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. The content of a disease report includes: disease, patient name, address, telephone number, date of birth, race, ethnicity, sex, date of onset, county of residence, and other facts (special report forms) required by public health. The primary goal of the communicable disease statutes and reporting system is to control and prevent the spread of illness.

Communicable Disease Statistics:

Reportable Disease	2007	2008	2009	2010	2011	2012	2013
Arbovirus Illness	0	0	0	0	0	0	1
Babesiosis	0	0	0	0	0	0	2
Campylobacter	5	6	5	15	19	8	13
Chlamydia	25	23	27	22	30	28	21
Cryptosporidium	3	6	4	2	7	1	4
E.Coli	0	6	0	0	4	0	0
Ehrlichiosis/Anaplasmosis	0	0	2	5	5	3	4
Giardia	5	0	2	2	3	2	2
Gonorrhea	1	0	1	0	0	3	1

Hepatitis A	0	0	0	0	1	0	0
Hepatitis B	2	2	0	2	2	2	1
Reportable Disease	2007	2008	2009	2010	2011	2012	2013
Hepatitis C	3	4	2	7	6	10	4
Herpes	1	n/a	n/a	n/a	n/a	1	0
Histoplasmosis	0	0	0	0	0	0	0
Influenza Hospitalizations	0	0	35	0	5	4	10
LaCrosse Encephalitis	0	1	0	0	0	0	0
Legionella	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	1	0	0
Lyme Disease	81	60	75	54	41	35	45
Measles	0	0	0	0	0	1	4
Meningitis (Bacterial)	0	0	0	0	0	0	0
Meningitis (Viral)	1	0	0	0	0	1	0
Mumps	8	0	0	0	0	0	0
Mycobacterial Disease	0	0	1	1	2	0	5
Pertussis	2	1	0	6	6	28	18
Salmonella	3	2	3	4	7	6	5
Shigella	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	1	3	2	2	1
Syphilis	0	0	0	0	0	3	0
Q Fever	0	0	0	0	1	0	1
Tuberculosis/Latent Infection (LTBI)	0	0	1	0	5	5	1
West Nile	0	0	0	0	0	2	0
Varicella	0	0	3	0	3	3	5
Toxoplasmosis	0	0	0	1	0	0	1

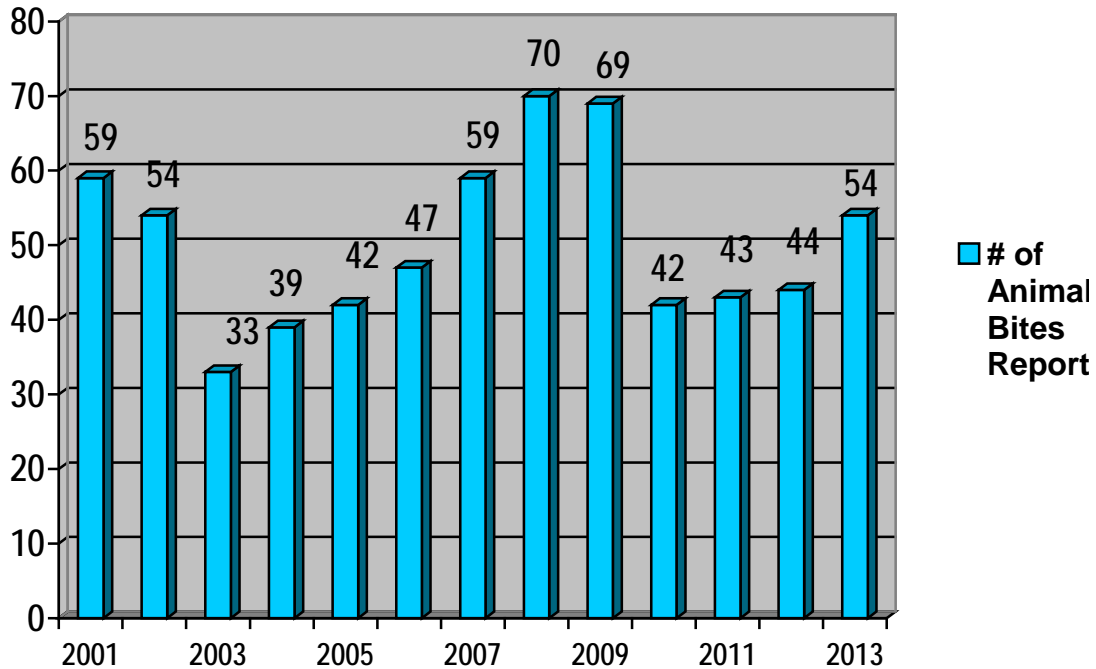
Tuberculosis (TB) Prevention and Control: Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. Public Health Registered Nurses (PHNs) provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2013 and 215 persons received skin tests.



TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed with TB infection or disease, regardless of ability to pay.

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that public health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate. In 2013, **1** person received care under the TB Dispensary Program.

Rabies Prevention and Control: The County's Rabies Control Policy provides the procedures for law enforcement and Public Health follow-up of animal bites/potential rabies exposure to humans. Investigation and follow-up were provided on 54 animal bites/human exposures in 2013. Those included 36 bites/human exposures from dogs, 8 from bats, 7 from cats, 2 from bovine, and 1 from a skunk.



MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health Systems Initiative: The Wisconsin Healthiest Families Initiative focuses on networks of services addressing four areas of focus: family supports, child development, mental health, and safety and injury prevention. Public health is working with community partners to build an integrated system that promotes optimal physical, social-emotional, and developmental health of children and their families using the Life Course framework as a model. Life Course is the research based approach that each stage of life influences the next. Early childhood is a critical developmental period with lifelong health implications.

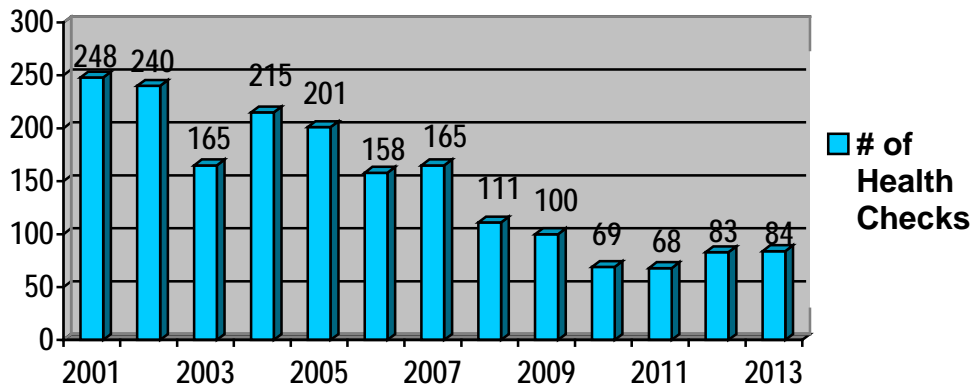
Prenatal Care Coordination: PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Five women received prenatal care coordination services in 2013.



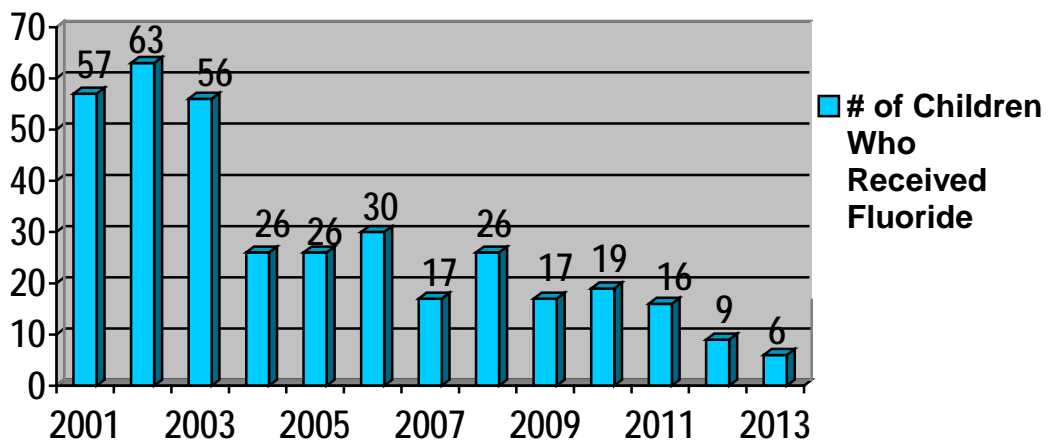
HealthCheck: HealthCheck is a comprehensive and preventive healthcare program for children under the age of 21. It is the name Wisconsin has given to a Federal Medicaid benefit, the Early and Periodic Screening, Diagnosis and treatment (EPSDT) benefit.

The purpose of HealthCheck is to find and correct or improve any health problems children may have early in life, and makes treatment available to persons under the age of 21. The goal of HealthCheck is to prevent or minimize major, lifelong problems.

HealthCheck provides screening exams for childhood health problems and gives a right to treatment that is considered medically necessary for any problems that are found in the exams. In 2013, **84** HealthCheck screenings were completed.



Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2013, 6 children received supplemental oral Fluoride.



Fluoride Varnish: The use of fluoride has been a major factor in the decline in the prevalence and severity of dental caries (i.e., tooth decay) in the United States. When used appropriately, fluoride is both safe and effective in preventing and controlling dental caries.

Fluoride varnishes are a safe, simple, effective, inexpensive treatment that can be applied to the teeth of infant and children. The technique can be prescribed and be easily done by medical or dental providers with materials and equipment that are readily available. The Wisconsin Medicaid program has expanded its reimbursement policy to include the application of fluoride varnish for children by certified health professionals such as physicians, nurses, dental hygienists and physician assistants.

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain, are unsightly, can cause economic hardships for families, and can prevent children from being able to eat, speak, sleep, and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old.

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

Fluoride varnishes were provided for 36 children in 2013.



Child Passenger Safety: In 2013, Public Health received a \$3,700.00 Department of Transportation Child Passenger Safety Grant for the purchase of child passenger safety seats (car seats) for families who cannot afford to purchase them. Before a child can receive a car seat, a child passenger safety technician is required to select and fit the seat as well as provide education to the family on proper installation and safety. Extensive training is required to attain and retain certification. Public Health, the Richland Hospital, and Early Head Start have certified child passenger technicians on staff. In 2103, **31** children received child passenger safety seats through the program.

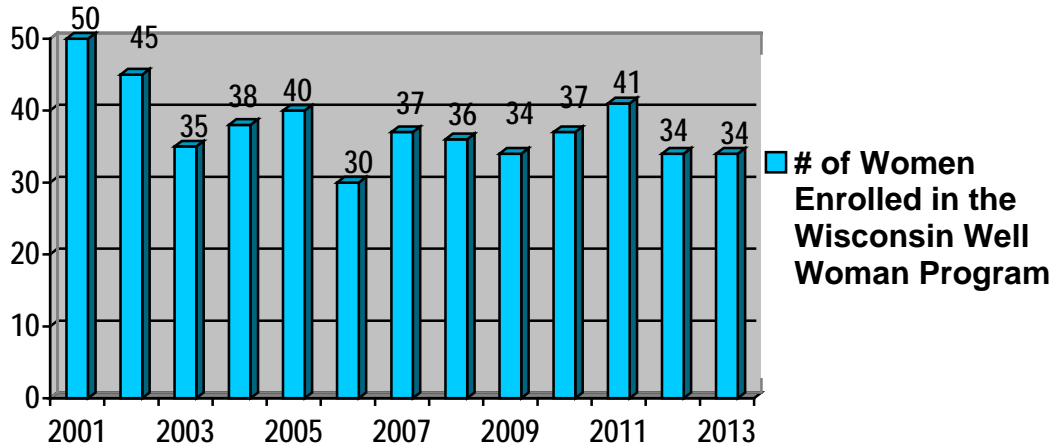
GENERAL PUBLIC HEALTH PROGRAMS



Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2013, **262** Richland County residents borrowed equipment from the Loan Closet.

Wisconsin Well Woman Program: The Well Woman program provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid

benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. In 2013, **34** women received screening through the Well Woman Program.



Wisconsin Partnership Program:

A great deal has been accomplished the first year of Public Health’s Wisconsin Partnership Program grant.



The Richland FIT coalition continues to thrive. The coalition is open to anyone who would like to be part of the movement to make Richland County a healthier place to live, work and play. The Coalition has strong partnerships within the community and focuses on supporting and encouraging physical activity and healthy nutrition. Some highlights of the coalition include hosting Snow Shoe Adventure Days throughout the winter, walking in the Canyon of Lights Parade during Color Fest and sharing the stories of local FITness Champions in the newspaper and radio.

The EBT (Electronic Benefit Transfer) system was brought to the Richland Area Farmers Market to expand access for community member to use their Supplemental Nutrition Assistance Program (SNAP) benefits to purchase fresh, locally grown produce. The system was developed in partnership with the Pine River Food Co-op, and was fully implemented late in the 2013 Farmer’s Market season. More success is anticipated in the 2014 season!



Farm-to-School Programs are being implemented. The Richland School District (RSD) is in the beginning stage of developing a multi-component Farm-to-School program including "Harvest of the Month" education in all elementary classrooms, incorporating local produce in the school meal program and school gardens.

The RSD was the recipient of an AmeriCorps Farm to School grant for the 2013-14 school year which allowed the district to hire a part-time Nutrition Educator whose main focus is classroom education and developing school gardens. To compliment the Nutrition Educator and support the districts' endeavor to make Farm-to-School a reality, Public health was able to contract for a part-time Farm-to-School Outreach Specialist. The Outreach Specialist's main role is to develop partnerships with local farmers and increase the amount of locally produced food in the school meal programs. The Nutrition Educator and the Outreach Specialist work closely with food service staff to bring local products from area farmers and the school gardens into the school cafeterias. Public Health has recently partnered with Ithaca and St. Mary's School and will expanding to include them in the Farm-to-School program.

The Prescription for Health program is a joint effort with the Richland Medical Center to create a referral system within the RMC to community programs. In September 2013 the program was implemented in 1 pod of Physicians who currently work with a Health Educator as part of their team. The patient flow now includes a health index screen that the patient fills out in the waiting area, when the patient is roomed the screen is read by the Medical Assistant. If any questions are flagged (i.e.; the patient is requesting more information or to speak with their physician about a health behavior) the screen is given to the provider for discussion during the appointment. Once the Physician has an initial conversation about the health behavior the patient is referred to the health educator who is trained in motivational interviewing and has an extensive list of community referrals. The "Food for Life" cooking class is one of the community referrals for individuals who have identified healthy eating/nutrition as a health behavior they want to change. "Food for Life" classes are taught by two physicians from the Richland Medical Center; Dr. Neil Bard and Dr. Christine Richards who donate their time. The classes introduce people to the Mediterranean Diet and not only how to build a healthy plate but that healthy food should taste good! The classes are hands-on and each participant helps to make 1 recipe from scratch during each class. The classes are held at Richland Center High School and are for four consecutive Wednesday nights four times a year.

Community Transformation Grant: The Community Transformation Grant, awarded by the US Centers for Disease Control and Prevention, seeks to build community capacity to prevent chronic disease. Funds in Wisconsin are targeted to support communities as they pursue evidence-based strategies to prevent obesity by increasing physical activity, reducing tobacco use by creating more smoke free housing, and improving access to healthy foods through Farm to School initiatives. Wisconsin focuses on changing systems, policies and environments that create healthy opportunities accessible to all Wisconsinites.

By making strategic investments in Wisconsin's health, this initiative is designed to produce future returns: a reduction in the burden of chronic disease, improved quality of life, and lower healthcare costs. Investment strategies require some "proof" that they will actually work, or a good theory of change, and that the change can be taken to scale, and reproduced in other communities. In addition, investment strategies require capacity, leverage (existing assets), and the strategy must detail expected goals for returns of investment.

Richland County Public Health's Community Transformation Grant focuses on increasing physical activity in the schools and throughout the community by creating Active School environments and improving or creating new Recreational Use Agreements. In 2013, Public Health worked with area schools on implementing Active Schools Core 4+ strategies. Active Schools Core 4+ Strategies are evidence based strategies that have been shown to increase physical activity in other communities across the country. Components of the Active Schools Core 4+ include: Active Classrooms, Active Recess, and Before/After School Programs, Increased Minutes of Physical Activity in Physical Education Class and Physical Activity Homework for Physical Education Class.

Elementary schools in the Richland School District and St. Mary's have been incorporating activity bursts into their classrooms using Active Classrooms resources. Their progress is being tracked by how many minutes participating classrooms are spending on physical activity bursts each day. All Richland School District elementary schools and St. Mary's participate in Walk to School Day and encourage their children to walk or bike to school on a regular basis, which helps to encourage physical activity before and after school. St. Mary's is also in the process of implementing an Active Recess program.



In addition to Active Schools, we are working to increase Recreational Use Agreements throughout the County and increasing access to physical activities in the rural areas of Richland County. The Village of Cazenovia is in the process of implementing a new Recreational Use Agreement to allow community members to use the Community Center more frequently. Once an agreement is passed, the Community Center will allow fitness programs, open gym, and open walking to the community.

The Richland School District has passed an updated Recreational Use Agreement Form and Policy to comply with the 2012 Open Gym Act that was passed to protect the liability of school districts in Wisconsin when opening their doors to the public for recreational use. Their new policy was created with the guidance of the Public Health Law Center, Wisconsin Association of School Boards, Transform Wisconsin and Richland County Public Health. The policy will go to the School Board in early 2014.



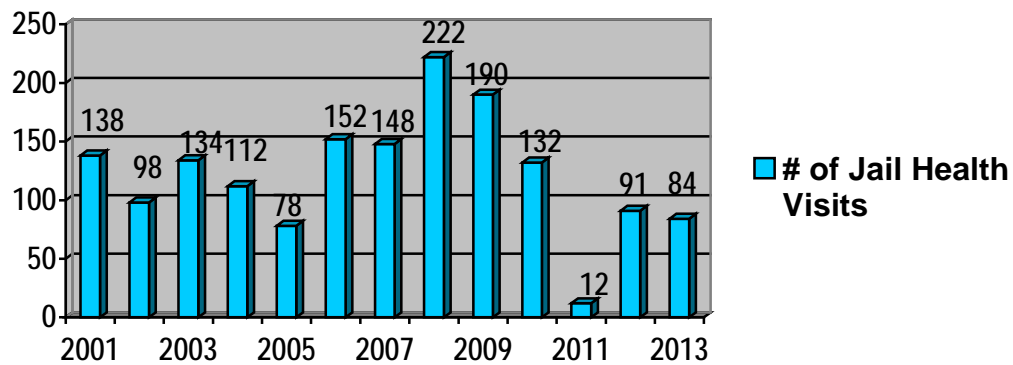
Tobacco Control/Wisconsin Wins: The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. Locally, our tobacco control coalition "South Central Wisconsin Tobacco Free Coalition" works with the Sheriff's Department to conduct investigations to establish retailer compliance with the law. The Wisconsin Wins campaign also includes retailer education and training, media outreach, and community education. In 2013, 16 inspections were completed and there were no sales.

School Health: Public Health contracts with the Ithaca and Weston School Districts to provide mandated school nursing services. Public schools in Wisconsin must provide for emergency nursing services under written policy; which must be written by a licensed registered nurse. These policies must include protocols for illness, injury, and medication administration; must identify a medical advisor; and must provide for emergency services during the school day and at all school sponsored events. In addition to the services school districts are mandated to provide, Public Health assists with State Immunization Law compliance, vision and hearing screening, and individual student health related concerns.

Jail Health: Public Health has a long history of assisting the Richland County Sheriff's Department in its legal obligation to make health care available to inmates. Today's jail population includes young adults to aged adults, men and women, healthy people to those with chronic illness, mental health issues, and developmental disabilities. Public Health Nurses provided skilled nursing services to inmates with physical, mental health, and alcohol and drug issues. Nurses

review and identify medication brought in at booking and write up monthly medication sheets. Health transfer sheets are also completed at the time of transfer to another correctional facility. Since the physician visits every other week, the nurse makes assessments and determines whether the complaint warrants a visit to urgent care or ER or can wait until the next physician's visit. The jailers call frequently with questions that do not always require a physical visit to the jail; problem solving is often done over the phone. In 2013, arrangements were made with the Madison AIDS Network to provide free HIV and Hepatitis B and C testing. One positive Hepatitis C was found and follow up was provided by the Madison AIDS Network. Both PHNs were able to attend the jail health conference in 2013.

Since the installation of the Spillman software, the PHNs have been able to initiate and receive messages with Sheriff's Department staff. Nursing notes are also recorded in the Health Record in Spillman. Public Health made **84** jail health visits in 2013.

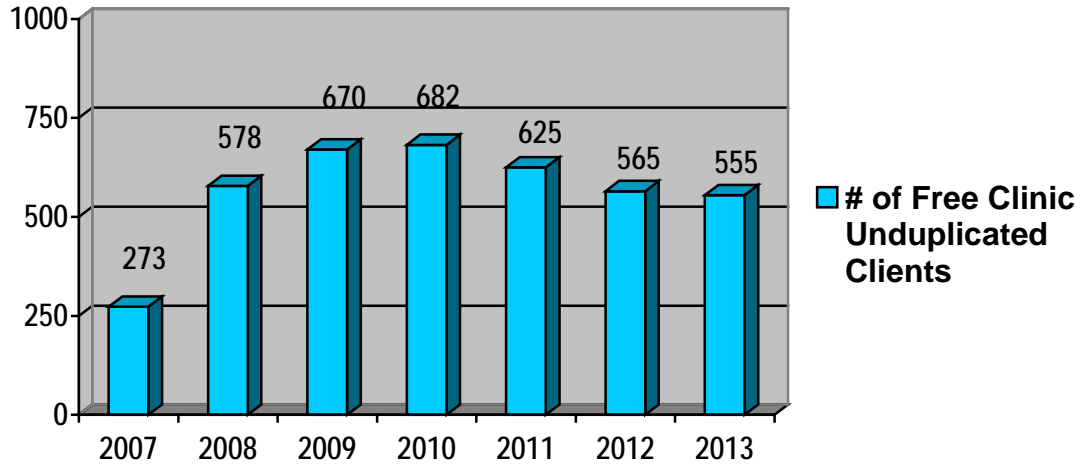


Richland Community Free Clinic: The Richland Community Free Clinic is open every Tuesday morning from 8 a.m. until noon and is located in the Urgent Care area of the Richland Medical Center. The Free Clinic provides primary health care to persons who do not have health insurance or the financial means necessary to access the health care system, and is staffed by medical professionals and community volunteers.

Public Health provides assistance at the Richland Community Free Clinic each Tuesday morning at the Richland Medical Center. The PHN assists with eligibility determination and provides information on needed services for the patient and his/her family such as housing, food resources, and fuel and financial assistance. Referrals are made to family planning, WWWP, WIC, Head Start, Clinical Services, the ADRC, and other agencies as needed. Influenza and Td vaccines are provided on site. There continues to be a great need for dental and vision care for the uninsured.

In 2013 the Affordable Care Act was discussed with the majority of the Free Clinic clients, including how to go about signing up for Badger Care. Although the Affordable Care Act should result in many Free Clinic clients obtaining health insurance, Richland County has also has undocumented persons who will continue to need health care.

The Free Clinic logged **1,475** visits in 2013 and saw **555** unduplicated clients.



Age of unduplicated patients seen at the Free Clinic

Age	2007	2008	2009	2010	Age	2011*	2012	2013
0-10 years	4	18	12	13	0-17 years	22	21	16
11-20 years	39	81	54	57	18-44 years	358	303	290
21-39 years	105	241	311	324				
40-64 years	125	230	283	276	45-64 years	239	236	245
65-74 years	0	7	7	8	65-74 years	6	5	4
Over 75 years	0	1	3	4				

* Age range report was modified in 2011.

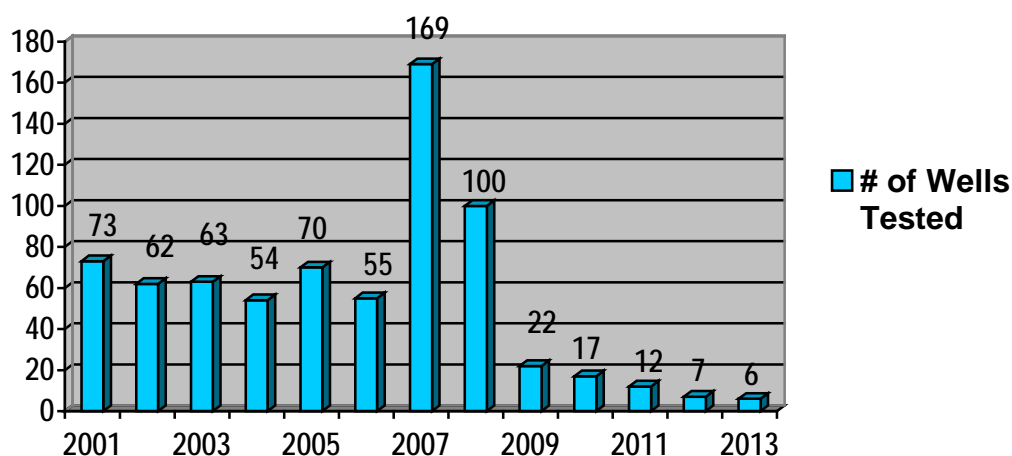
ENVIRONMENTAL HEALTH

Richland County continues to be part of a five county consortium to provide environmental health services. The Grant County Health Department is the lead agency for the Environmental Health Consortia and employs the Registered Sanitarian who acts as the Environmental Health Consultant for the five counties. The Environmental Health Consultant assists with investigation and follow up of human health hazard complaints and coordinates environmental health programs in Grant, Iowa, Lafayette, Vernon, and Richland Counties.

2013 Environmental Health Statistics:

<u>Home Visits</u>	45	<u>Contacts (EH Consultant)</u>	318
Lead	6	Lead	30
Radon	5	Radon	52
Water	3	Water	25
Asbestos	1	Asbestos	37
Solid Waste	8	Solid Waste	39
Housing	9	Housing	36
Indoor Air	10	Indoor Air	43
Sewage	1	Sewage	29
Animal/Vector	2	Animal/Vector	27

Private Well Water Testing: Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply – Public Health has the test kits and the fees are sent directly to the Wisconsin State Laboratory of Hygiene with the sample. The Environmental Health Consultant is available for consultation for problems related to water quality. In 2013, **6** private wells were tested through Public Health.

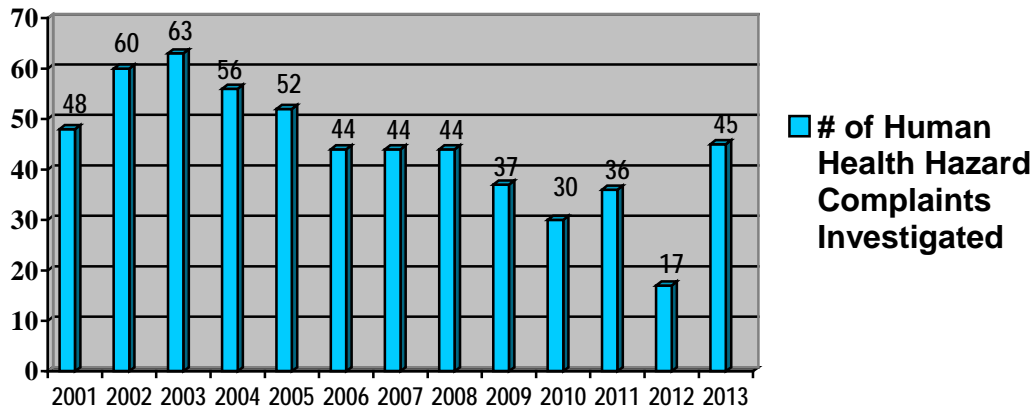


Radon: Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Seventeen short-term home radon test kits were distributed in 2013.

Childhood Lead Poisoning Prevention: Lead poisoning occurs when a large dose or small amounts of lead over time are ingested or inhaled. Prevention is still the best solution for lead poisoning and finding and removing sources of lead are effective methods to accomplish this. The Environmental Health Consultant can evaluate a building for lead base paint and offer consultation on remediation of lead base paint hazards. Childhood blood lead screening is provided by Public Health, and **112** children were screened in 2013. Treatment for an elevated blood lead level depends on the degree of elevation and involves removing the hazard.

Human Health Hazards: According to Wisconsin State Statute 254.59(1) the local health officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health provides investigation and follow-up of complaints of human health hazards in Richland County.

Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste. Often working with the property owners is enough to get the hazard removed or abated but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time (usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement and the cost is then assessed as an additional tax on the property by the municipality. In 2013, investigation and follow up were provided in regard to **45** complaints. All of the complaints were able to be resolved without the need to issue orders of abatement.



PREPAREDNESS AND RESPONSE

Preparedness and Response: In 2011, the CDC developed 15 capabilities to serve as national public health preparedness standards. During the 2012-13 contract year Wisconsin's Public Health Agencies worked on capabilities to close gaps in emergency operations coordination, public information and responder health and safety.

Contract deliverables for Public Health include:

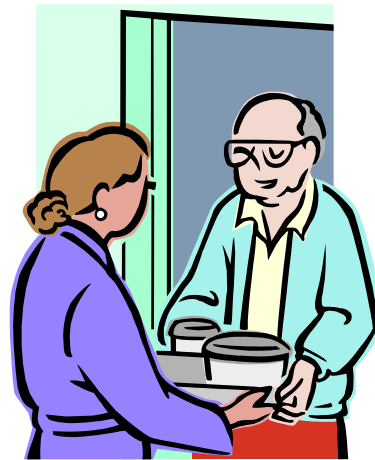
- Completion of the Capabilities Planning Guide
- Updating and submission of Point of Dispensing List
- Participation and completion all requirements for a Homeland Security Exercise and Evaluation Program complaint exercise (to be held April 30, 2014)
- Completion of Performance Measures online tool
- Participation in discussions with State Preparedness staff regarding closing the Capability gaps, including training needs, sharing of best practices, etc.
- Submission of required budget and financial information
- Maintenance of emergency contacts in the PCA Portal Alerting (Everbridge) system
- Continuation of responsibility to assure that all staff are trained in use of personal protective equipment (PPE), National Incident Management System (NIMS), and the Incident Command System (ICS)

NUTRITION

The goals of the elderly nutrition program are to reduce hunger and food insecurity, promote socialization of older individuals, and promote the health and well-being of older individuals. Richland County's Senior Nutrition Program focuses on these goals by:

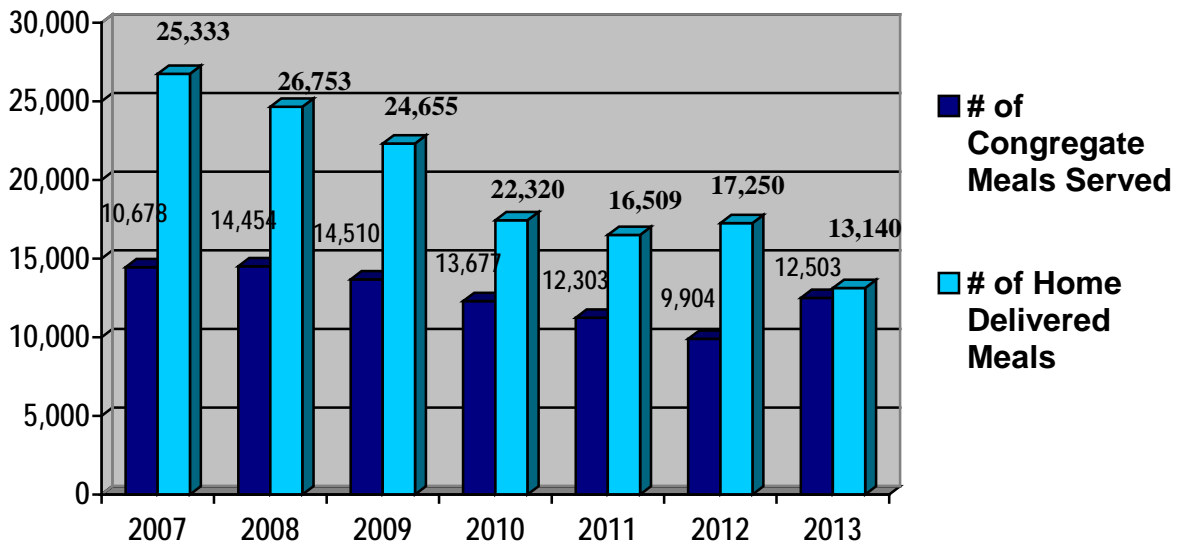
- Promoting good health behaviors through nutrition education and nutrition screening and intervention services
- Serving wholesome, safe, good quality meals through the promotion of high food safety and sanitation standards
- Coordinating nutrition-related and other supportive services for seniors
- Targeting older adults who have the greatest economic or social need

Richland County has four active meal sites and delivers meals to homebound individuals out of three of those sites. Volunteers are priceless and supplement paid staff to assist at all of the meals sites as well as assist with the delivery of meals to homebound individuals from the Richland Center Meal Site.



2013 Nutrition Program Statistics:

<u>Meal Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	6,761	10,348
Viola	1,569	1,630
Germantown	1,113	928
Rockbridge	<u>3,060</u>	<u>234</u>
TOTAL	12,503	13,140



Persons over 60 may eat at any meal site for a donation; however there is a suggested donation rate. All others must pay the full cost of the meal.

The Senior Nutrition Program menus follow the most current USDA Guidelines for Americans and provides one-third of the recommended daily allowances (RDAs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences (the RDAs are numeric values used to determine the level of intake of essential nutrients that have been determined to meet the known needs of practically all healthy persons). The program's menus are prepared by a dietetic technician to assure that certain nutritional requirements are met.

2013 Nutrition Program Highlights:

- Volunteers donated **5074** hours of service at the congregate meal sites and volunteer drivers donated **747** hours using their own vehicles and gas to deliver noon meals to homebound seniors.
- The Volunteer Appreciation Breakfast was held May 16, 2013 at the Phoenix Center (which was a new location for the breakfast). The volunteers make the program work, and the breakfast is a small way of thanking them for their time and dedication.
- The Senior Farmer's Market Nutrition Program (Senior FMNP) vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. In addition to offering nutritious foods, the Senior FMNP also supports the local economy by increasing the use of farmers' markets.

The required local training for all Nutrition Program staff was held July 25, 2013. Topics included:

- Adverse Weather Preparedness
- Fire Safety
- Bloodborne Pathogens/Communicable Disease
- Changes/updates to the Nutrition Program Guide
- Richland FIT Update
- Immunizations/Flu & Pneumonia Season
- Meal Patterns

The required regional site manager training was held October 24, 2013 in Dodgeville. Topics included:

- Advocacy
- Weather Preparedness
- Promises and Responsibilities at the Sites
- Frauds and Scams that target Seniors
- Customer Service

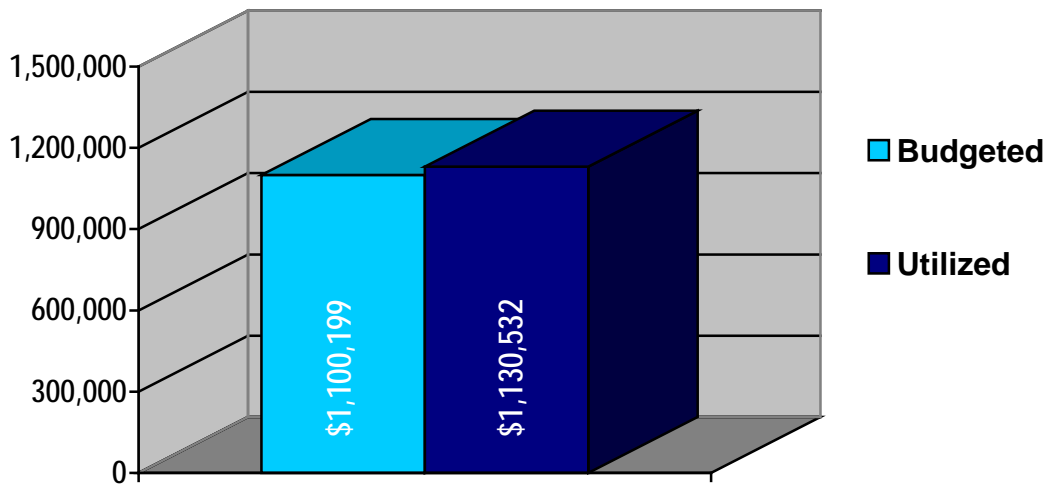
The Nutrition Program's 1995 Ford pickup was replaced by a 2013 Dodge Caravan, making food and supply transport much more convenient and cost effective for staff.

FISCAL

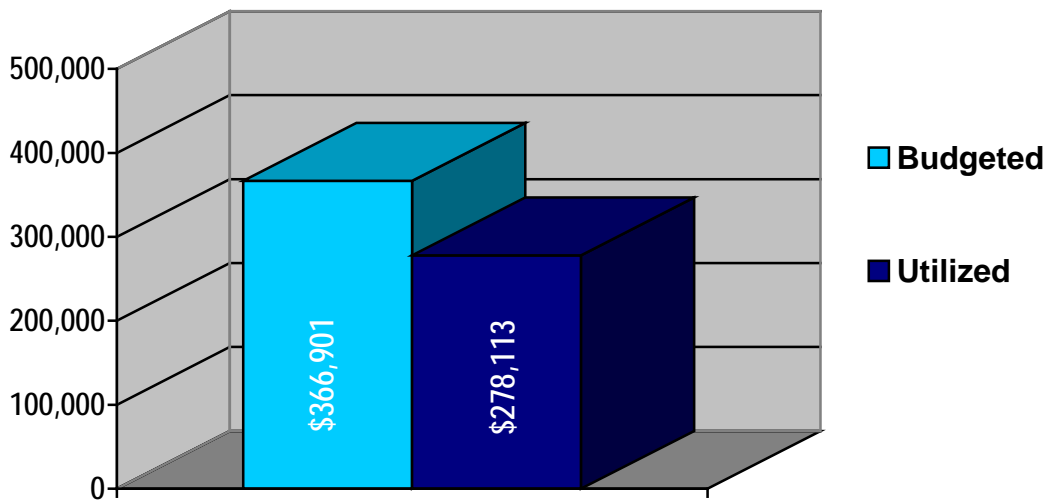
(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

COUNTY TAX LEVY – HHS BUDGETED VS. UTILIZED

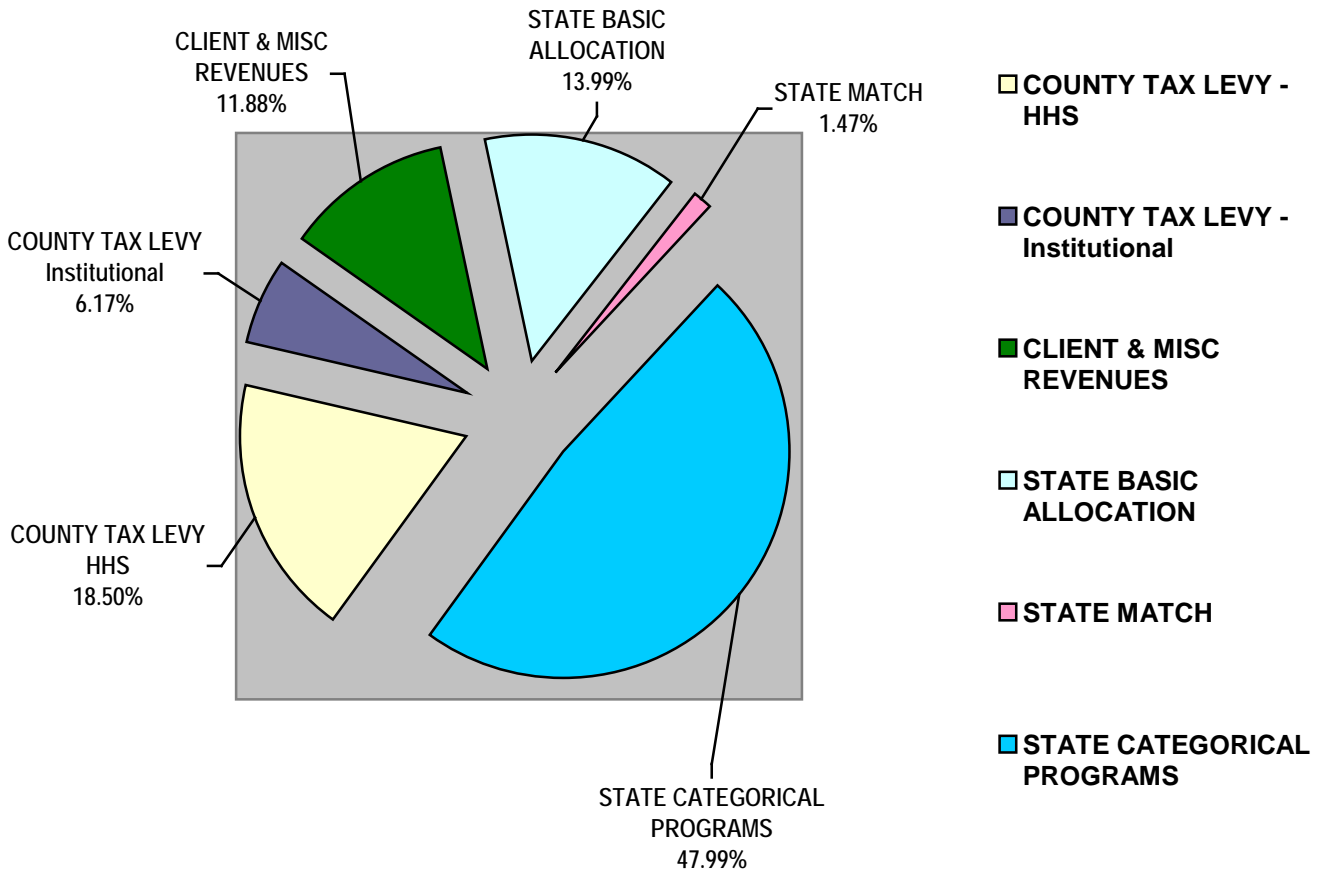


COUNTY TAX LEVY – INSTITUTIONAL FUNDS BUDGETED VS. UTILIZED



RICHLAND COUNTY HEALTH AND HUMAN SERVICES

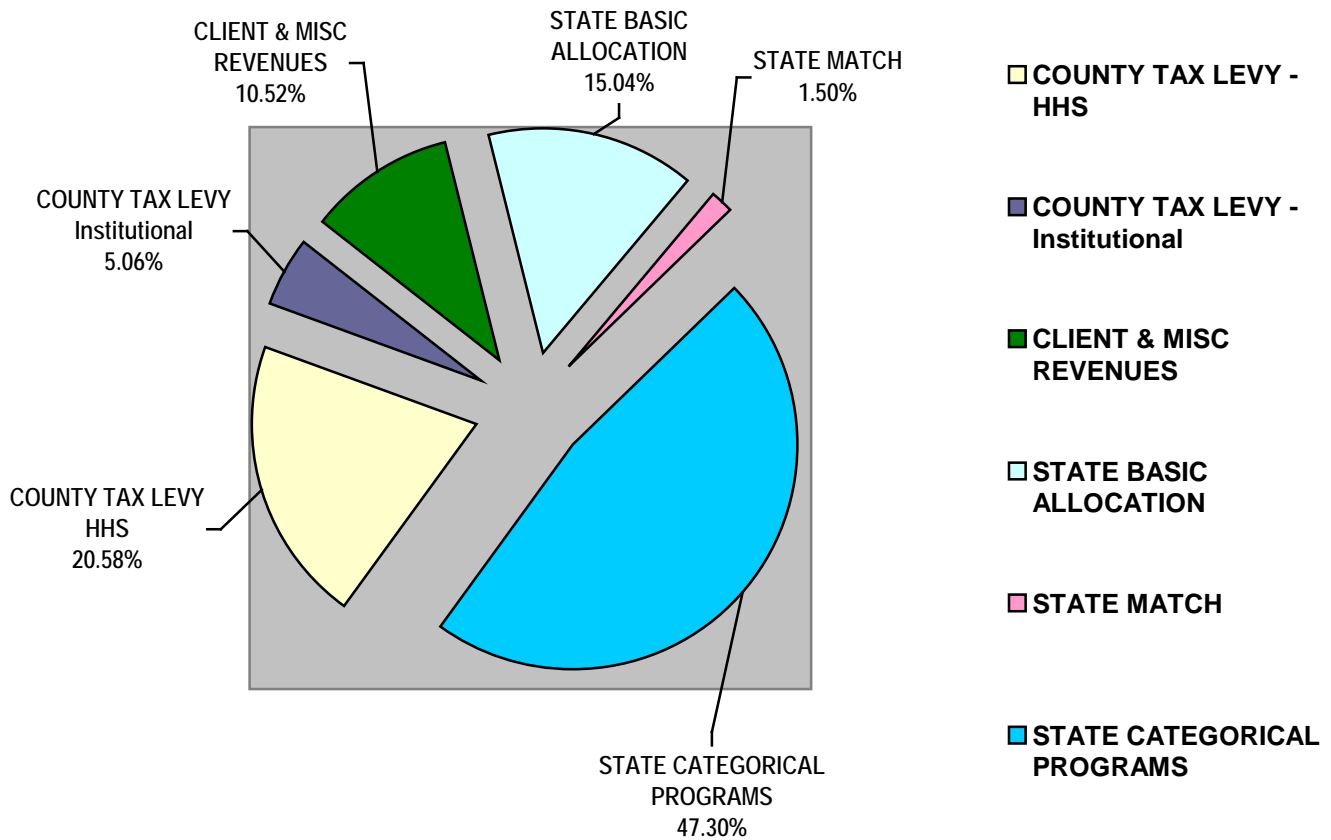
BUDGETED REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 1,100,199
COUNTY TAX LEVY – INSTITUTIONAL	\$ 366,901
CLIENT & MISC REVENUES	\$ 706,901
STATE BASIC ALLOCATION	\$ 831,943
STATE MATCH	\$ 87,518
STATE CATEGORICAL PROGRAMS	\$ 2,854,807
TOTAL	\$ 5,948,269

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

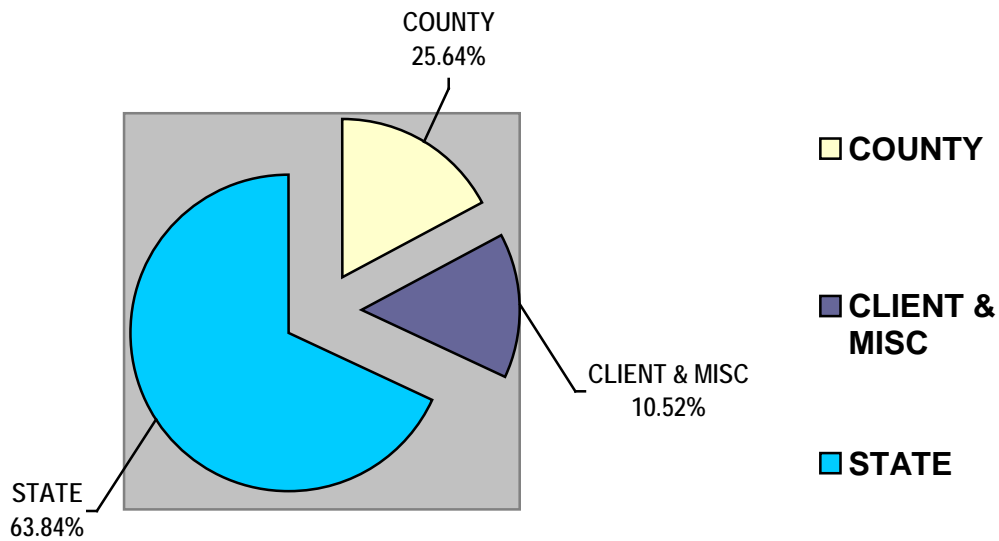
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 1,130,532
COUNTY TAX LEVY – INSTITUTIONAL	\$ 278,113
CLIENT & MISC REVENUES	\$ 578,000
STATE BASIC ALLOCATION	\$ 826,029
STATE MATCH	\$ 82,354
STATE CATEGORICAL PROGRAMS	\$ 2,598,920
TOTAL	\$ 5,493,948

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,408,645
CLIENT & MISC	\$ 578,000
STATE	\$ 3,507,303
TOTAL	\$ 5,493,948

APPENDIX

Richland County Health and Human Services

2013 Health & Human Services Contracts (Over \$10,000)*

ADRC of Eagle Country – Crawford	\$226,927	LaCrosse County Human Services	\$17,825
ADRC of Eagle Country – Juneau	\$347,614	Lucky Star 3 Corporation	\$58,792
ADRC of Eagle Country – Sauk	\$718,224	Mayo Clinic Health System	\$24,162
Attorney Henry Plum	\$53,042	Northwest Counseling & Guidance Clinic	\$44,740
Children’s Service Society of WI	\$40,182	Northwest Passage	\$65,606
Clemens Schmidt, M.D.	\$112,050	Richland Hospital	\$82,894
Family & Children’s Center	\$133,274	SW WI Workforce Development Board	\$390,119
Family Works Programs, Inc.	\$63,927	Tazzee’s Wonder Bar & Restaurant	\$15,268
Fillyaw AFH	\$32,999	TLC Senior Home Care	\$16,125
Hoffman AFH	\$27,103	Trempealeau County Health Care	\$111,939
Jean Warrior, Ph.D.	\$18,722	VARC, Inc.	\$28,189
Kickapoo Valley AFH	\$76,450	Wyalusing Academy	\$23,772
Gundersen Lutheran Healthcare	\$10,796		

* Listings do not include expenses paid to other Richland County Departments or State Institutions where contracts are not required.

Community Services Building 221 West Seminary Street Richland Center, WI 53581

Administrative Services Unit
Aging & Disability Resource Center of Eagle Country
Children’s Services Unit

Clinical Services Unit
Economic Support Unit
Public Health Unit

(608) 647-8821
Fax: (608) 647-6611

Aging & Disability Resource Center of Eagle Country – Richland Center Office

(608) 647-4616 or 1 (877) 641-4616
Fax: (608) 647-6611

PLEASE VISIT OUR WEBSITE AT www.co.richland.wi.us